

BILLING I

Kentucky Department of Public Health —April 2017



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DOCUMENT CHANGE LOG

Date	Author	Change
4/17/2017	Liz Hollis	Updated Workflows

CONTENTS

OVERVIEW OF THE SYSTEM	5
Log in to eClinicalWorks	5
Log out of eClinicalWorks	6
Menu Bar, Navigation Band and Jelly Beans	6
Navigation Band (Overview)	7
Menu Bar (Overview)	12
Jelly Beans (Overview)	16
Menu Bar and navigation panel – Show/Hide Buttons (Overview)	19
Profile Configuration	20
Local Settings	20
My Settings	21
Change Password	30
Patient Lookup and Demographics Windows (Overview)	31
The Patient Lookup Window and Lookup Options	31
Looking Up a Patient	31
Creating a New Patient	32
Accessing Patient Demographics	34
Accessing Patient Hub	37
Quick Access to Patient Hub	38
Patient Account Inquiry Screen (HUB)	39
BILLING I WORKFLOWS	41
Claims Management	41
Claims Creation and Submission Overview	41
Working with Claims (Overview)	42
Lookup Up Claims – Claims Screen Filters	43
Identifying Claim Statuses	44
Claims Detail	45
Working Claims with Errors	50
Entering Additional Claim Information	52
Completing the Claim Header	52
Adding Claim Data	53
Entering Insurance Information	54
About the Claim CPT Details	55
Entering Claim Follow-up Details	56
Entering an Adjustment on a Claim	58


Billing Button Overview	59
Following up on Assigned Claims	60
Actions	61
Overview of the Actions feature	61
Working with assigned Actions	63
Other Billing Workflows	65
Out-of-Office Visits	65
Claim Creation from Claims Screen, No Encounter	67
Billing for Contracted Provider	69
Contracted Service P8	69
BILLING WORKFLOW DIAGRAMS	70
Automated Claim Submission – PM Scheduled Job	70
Automated Claim Submission – PM Scheduled Job	71
Claim Creation – Out of Office Visit	72
Claim Creation from Claims Screen, No encounter	73
Clearinghouse Reports Workflow	74
Creating and Printing Paper Claim (CMS 1500) Batches	75
Special Billing Workflows	76
Sliding Fee Schedule	76
Billing for “No Home Contact”	77
Billing for Prenatal Program	78
Applied/Pending Medicaid	79
Billing for Contracted Services	80
Billing for DSME	81
APPENDIX A: NOTICES	82
Trademarks	82
Copyright	82

OVERVIEW OF THE SYSTEM

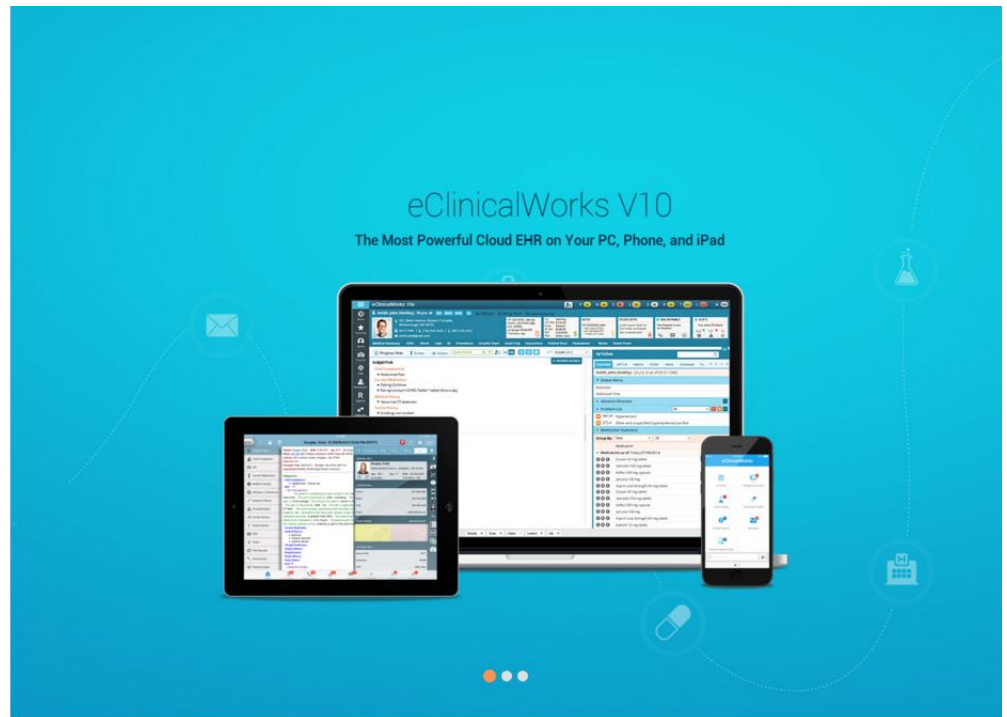
Log in to eClinicalWorks

To log in to eClinicalWorks:

1. Go to the eClinicalWorks 10e link (URL) in chrome browser
2. Enter your username and password (case sensitive).
3. Click on “Log in.”



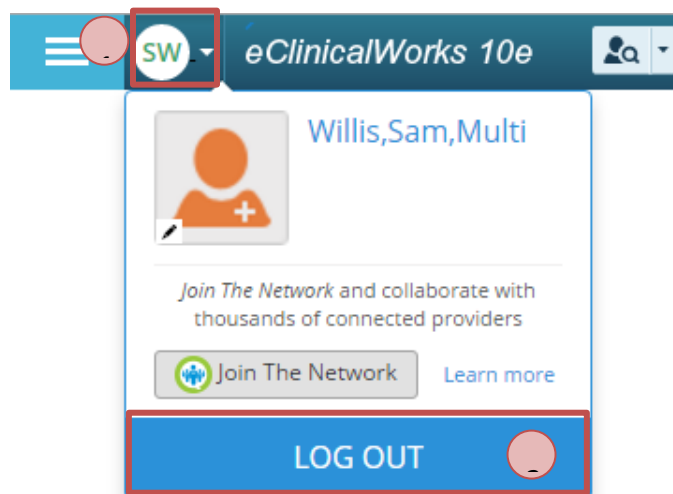
The login form for eClinicalWorks 10e. It features a blue circular icon with '10e' above the text 'eClinicalWorks'. Below this is the instruction 'Sign in to continue to EMR'. There are two input fields: one for 'username' with a person icon and one for a password with a lock icon and masked characters. A blue 'Log In' button is positioned below the password field. At the bottom, there is a 'Download Plug-in' button with a gear icon and a copyright notice: 'eClinicalWorks | © 1999-2015 All rights reserved'.




Log out of eClinicalWorks

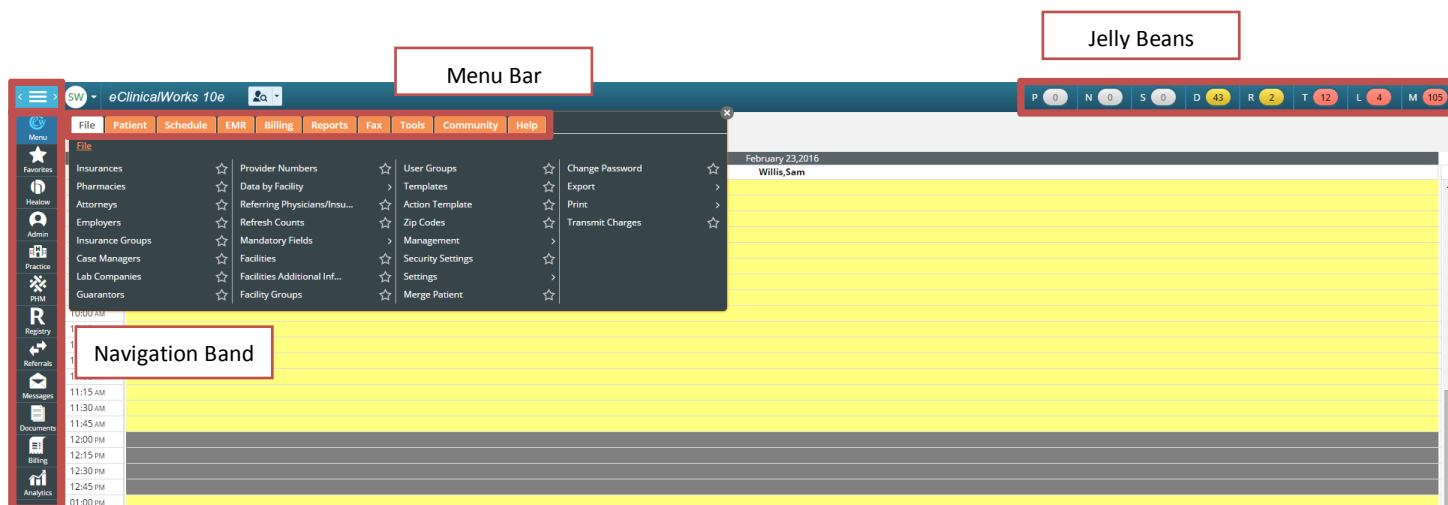
To log out of eClinicalWorks:

1. Click on the user's profile (user Initials).
2. Click on the "LOG OUT" button.



Menu Bar, Navigation Band and Jelly Beans

- Once logged in, a user can show/hide the Menu Bar and the Navigation Band by clicking on the Nav. Icon. 
- Jelly Beans can be accessed on the top right of the window.

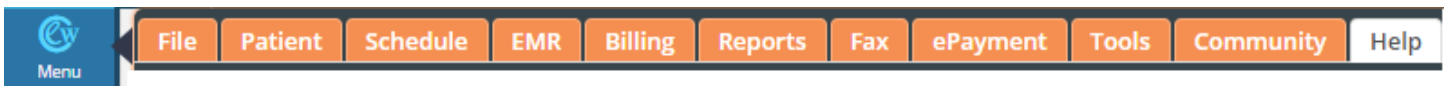


Navigation Band (Overview)

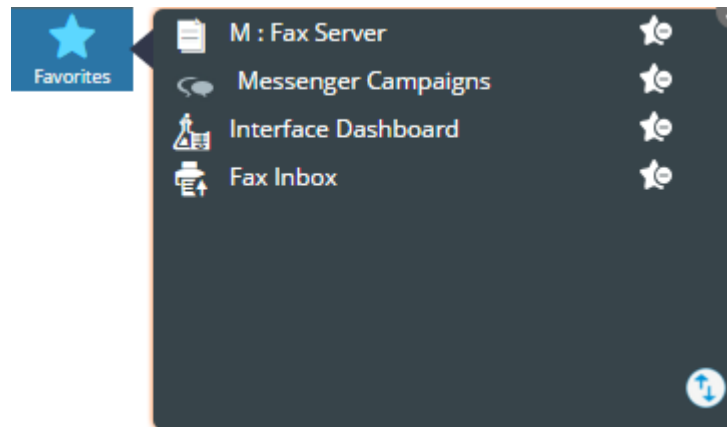
The **Navigation Band** allows users to navigate to various areas within eClinicalWorks.



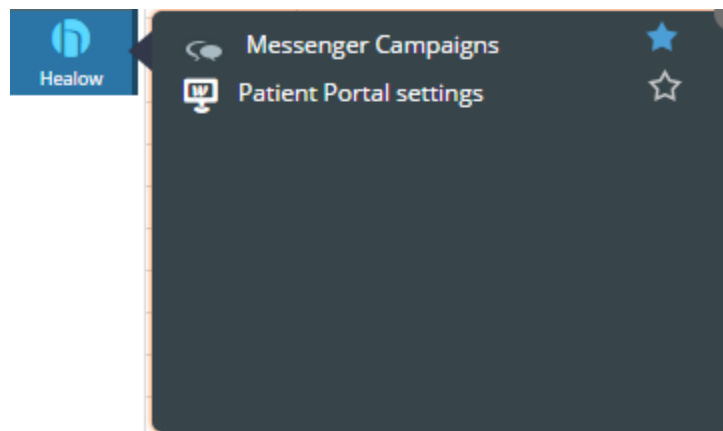
The **Menu Band** allows users to access the different menus options to configure eClinicalWorks.



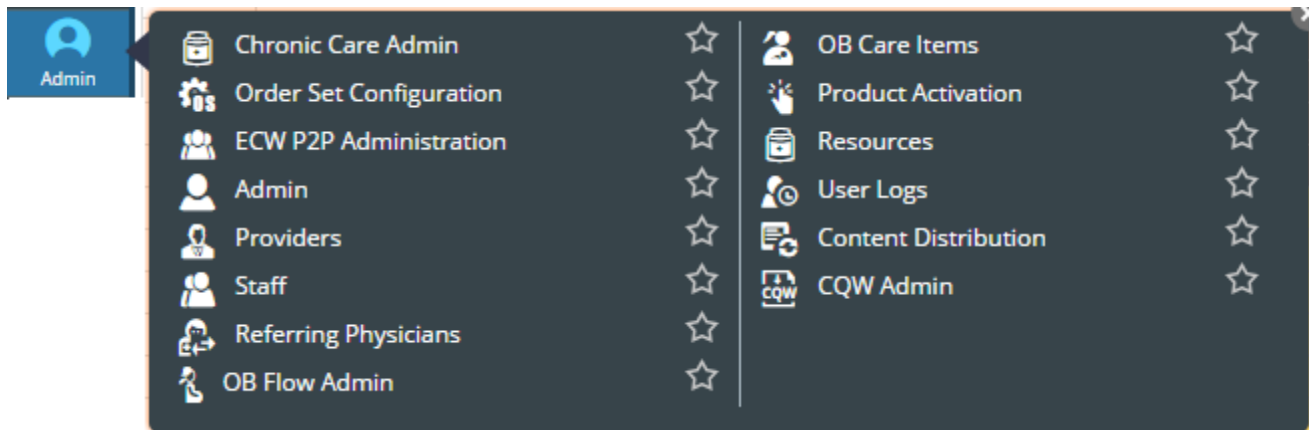
The ***Favorites Band*** allows users quick access to user defined windows within eClinicalWorks.



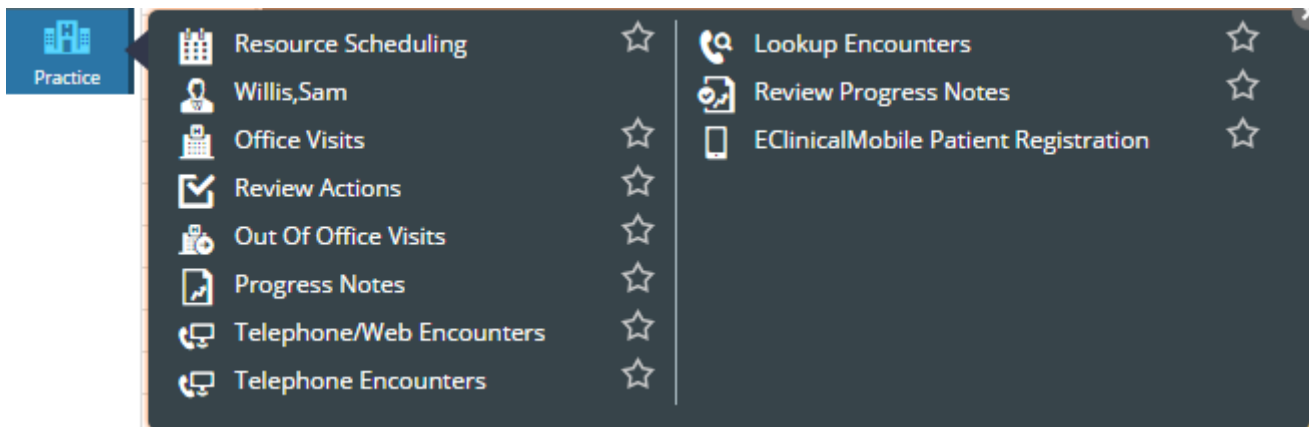
The **Healow Band** allows users to access Campaigns and Patient Portal settings



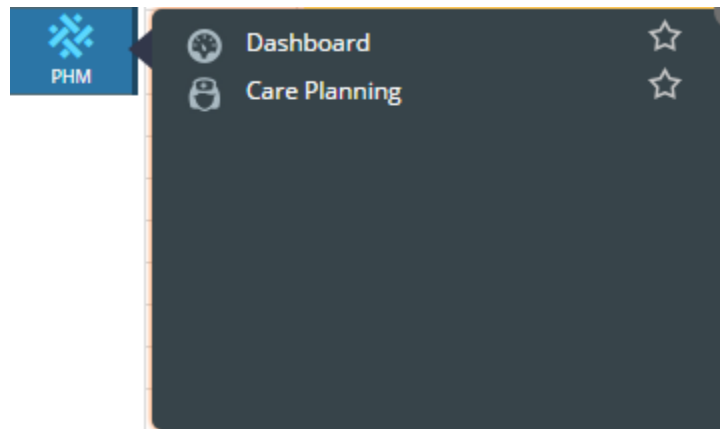
The **Admin Band** allows users to access system dictionaries (Visit Types, Visit Status, Visit Durations, etc.) and other administration setup items. Access to the Admin Band is restricted to users with the permission “manage access to admin band”.



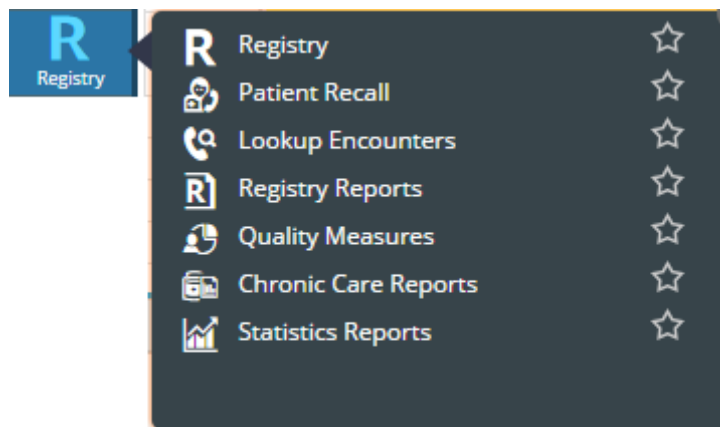
The **Practice Band** allows users to navigate to various scheduling windows (Provider and Resource Schedules) and other sections of the application (Progress Note, Out of Office Visits, Telephone Encounter, Office Visit window, etc.).



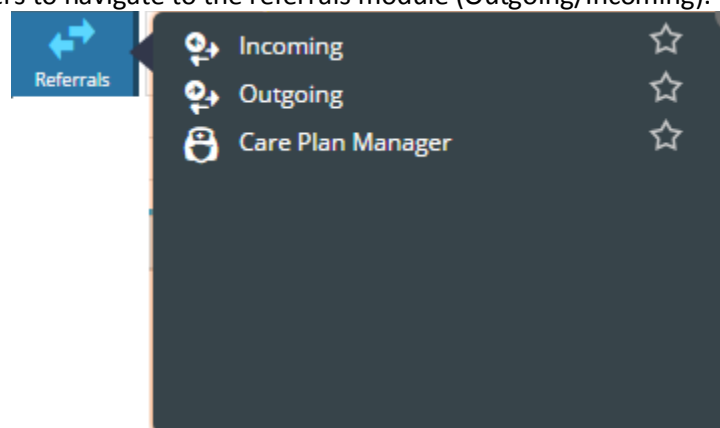
The **PHM (Population Health Management) Band** allows users to access the CCMR module.



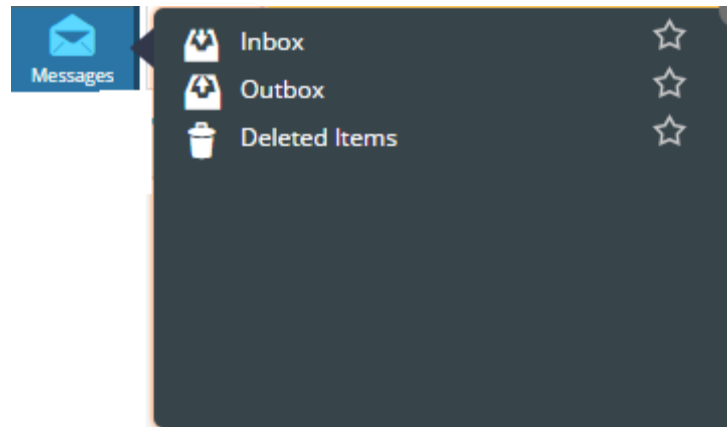
The **Registry Band** allows users to run patient recalls, lookup patients/encounters with certain criteria, run reports, etc.



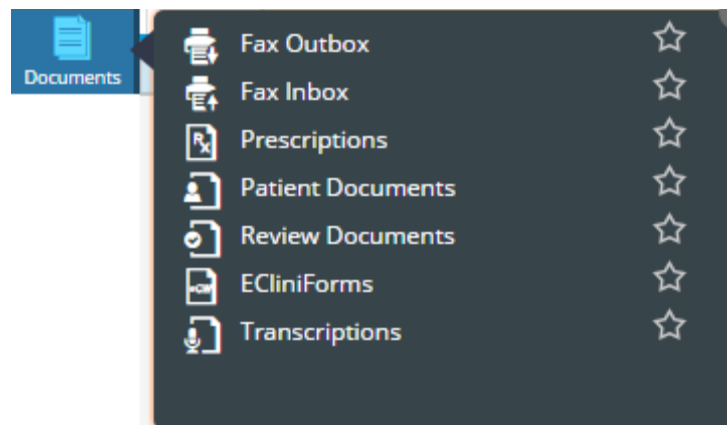
The **Referral Band** allows users to navigate to the referrals module (Outgoing/Incoming).



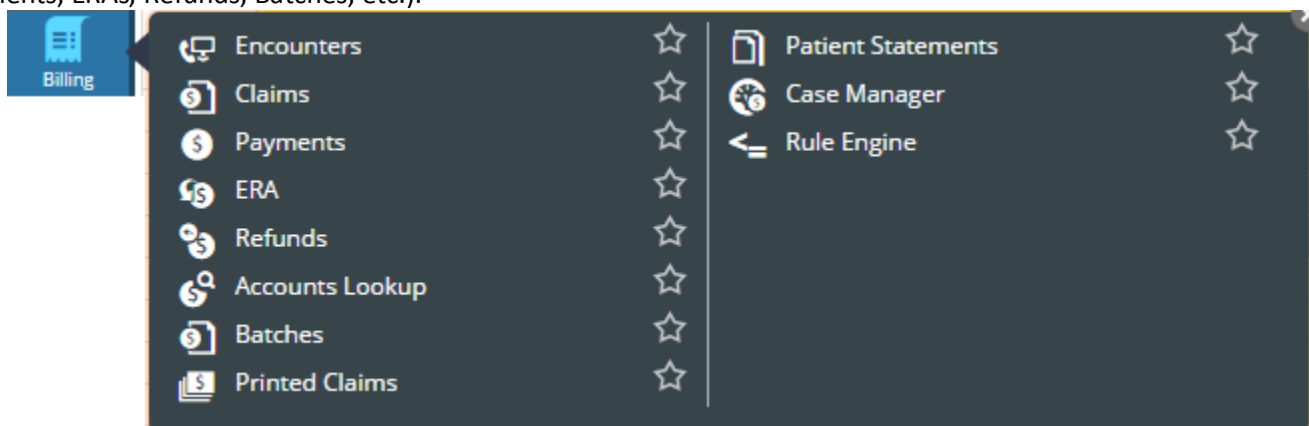
The **Message Band** allows users to access the inbox/outbox, where they can communicate with other employees/users.



The **Documents Band** allows users to navigate to the documents management module in eClinicalWorks, where they can access incoming and outgoing faxes, Patient documents, eCliniForms, etc.).



The **Billing Band** allows users to navigate to the billing modules in eClinicalWorks. This includes; Encounters, Claims, Payments, ERAs, Refunds, Batches, etc.).



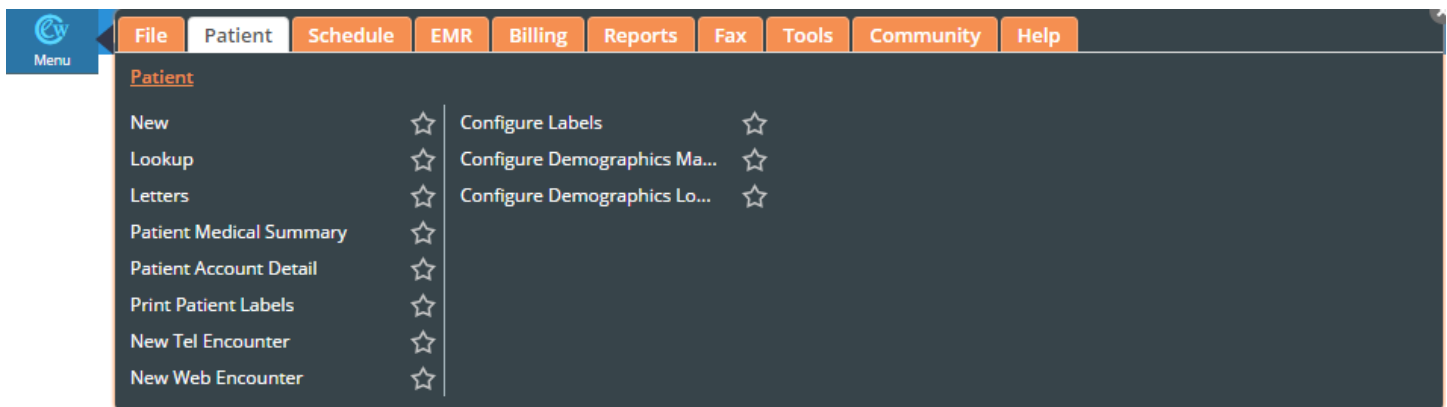
Menu Bar (Overview)

The following menus are part of the menu bar:

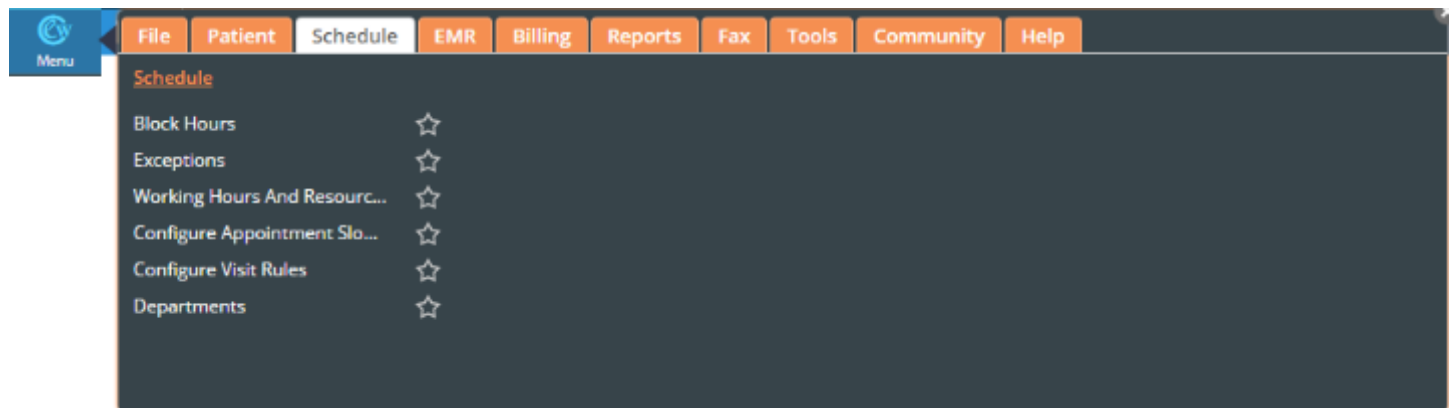
The **File Menu** allows users to access system dictionaries (insurances, pharmacies, facilities, etc.), security settings, user settings and other administrative settings.



The **Patient Menu** allows users to create new patients, lookup existing patients, generate letters for patients, configure demographics mandatory fields, configure demographics locked fields, and perform basic operations for patients.



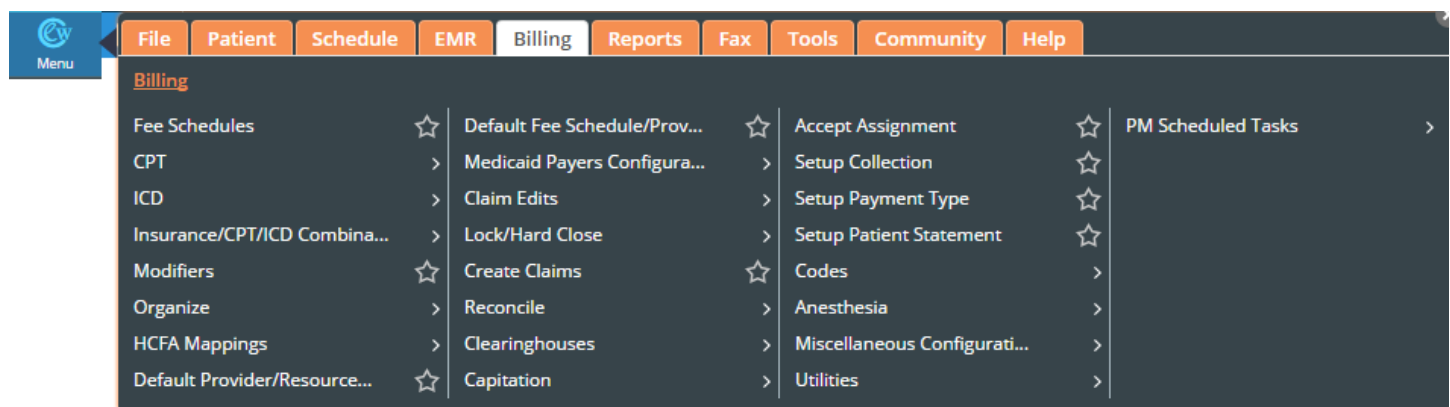
The **Schedule Menu** allows users to configure & block provider/resource schedules.



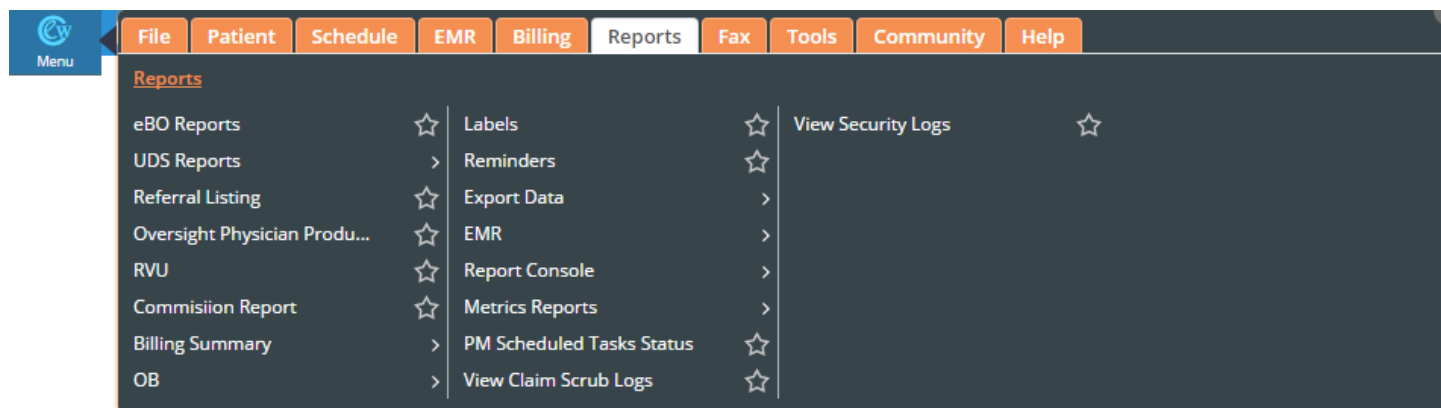
The **EMR Menu** allows users to customize EMR features (Alerts, Immunizations, Labs, DIs, Order Sets, etc.)



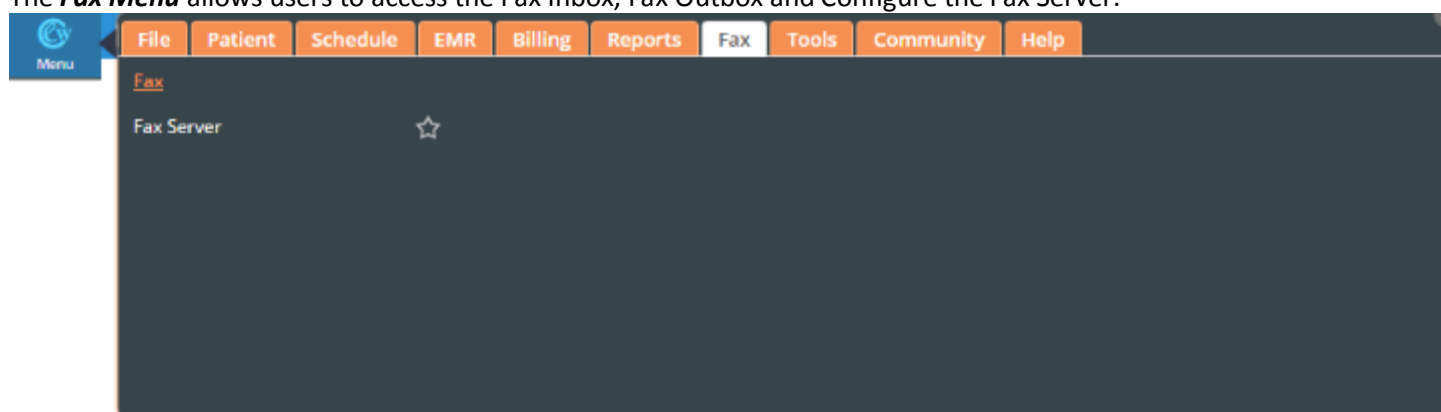
The **Billing Menu** allows users to customize billing features (Fee Schedules, ICDs, CPTs, Enable Billing Options, etc.)



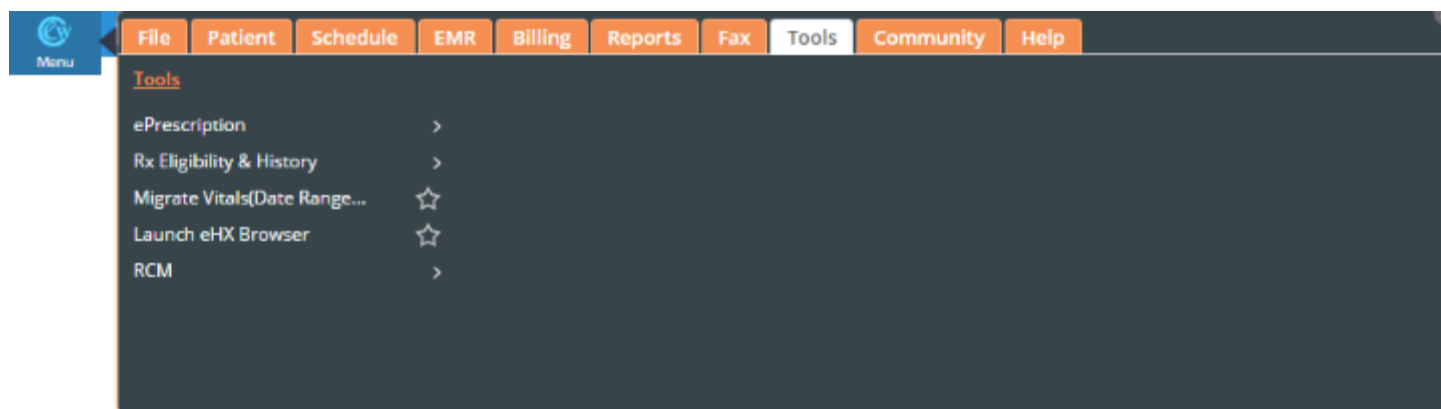
The **Reports Menu** allows users to access and run reports.



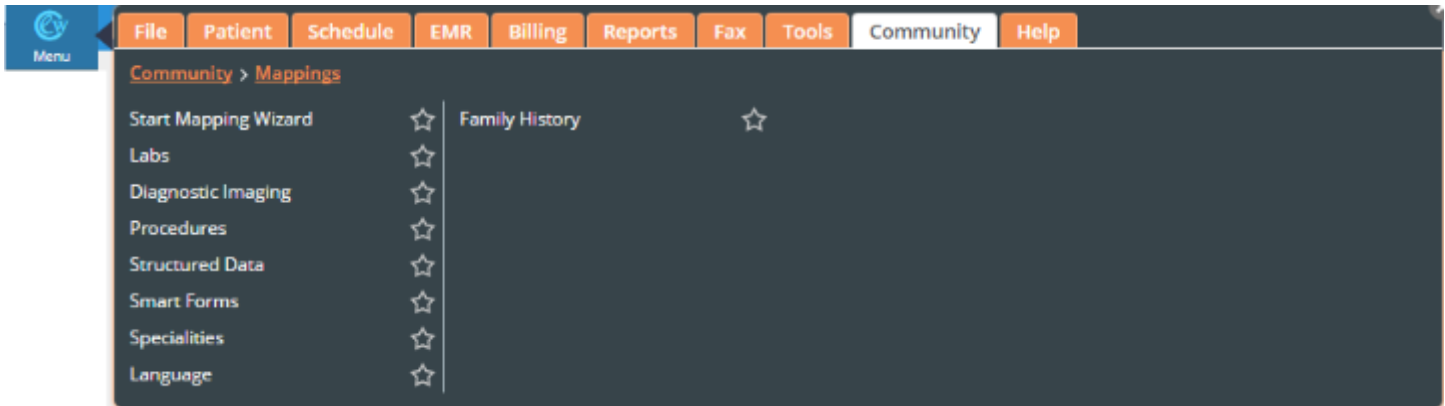
The **Fax Menu** allows users to access the Fax Inbox, Fax Outbox and Configure the Fax Server.



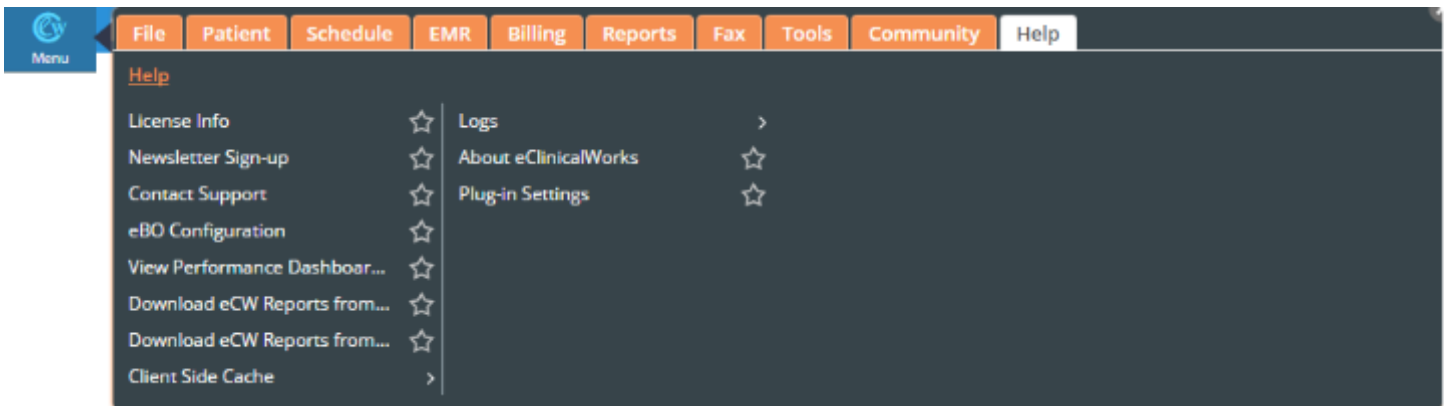
The **Tools Menu** allows users to enable providers for ePrescriptions and Rx eligibility information.



The **Community Menu** allows users to map system items (Labs, DI, Procedures, Structured Data, etc.) to community items.



The **Help Menu** allows users to navigate to the eClinicalWorks support website and view current system information.



Jelly Beans (Overview)



Jelly beans, located in the upper right corner of the window, provide quick access to various “tasks” and short cuts to other areas of the application.

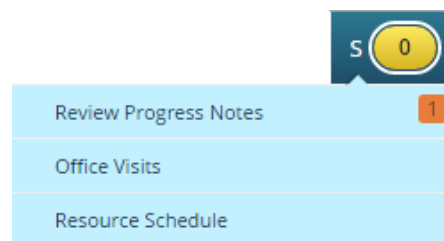
P (Pre-Registration) Jelly bean: Provides access to the information entered by new patients who pre-register via the patient portal.

- The number next to “P” indicates the number of pre-registered patient’s demographics waiting for to be approved.



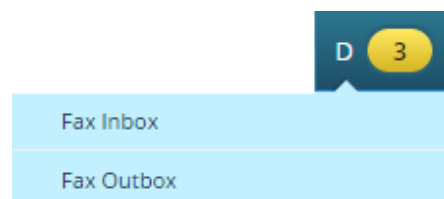
S (Schedule) Jelly bean: Provides access to the Office Visits Screen.

- The number next to “S” indicates the number of patients marked as Arrived. This number displays only for the providers and not for any other staff member.
- By hovering over the letter “S”, users can access the Resource Schedule and any progress notes that were assigned to them for review. The Halo around the “S” jelly bean indicates to a user that they have a progress note assigned to them for review.



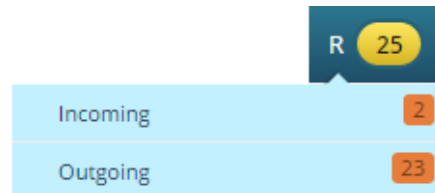
D (Documents) Jelly bean: Provides access to the “Review Documents” window.

- The number next to “D” indicates the number of documents assigned to the logged in user for review.
- The color of the jelly bean turns red if any document assigned to the user is marked as a high priority.
- By hovering over the letter “D”, users can also access the Fax Inbox and Fax Outbox.



R (Referrals) Jelly bean: Provides access to the Outgoing Referrals window.

- By hovering over the letter “R” users can access any incoming referrals assigned to them.
- The number next to “R” indicates the total number of incoming and outgoing referrals that are assigned to the user.
- The number of incoming and outgoing referrals assigned to the user are individually displayed next to each category.
- The color of the jelly bean turns red, if the priority for any of the referrals assigned to the user is marked urgent or stat.



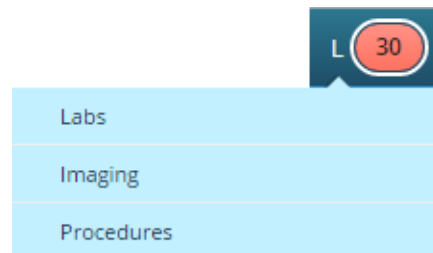
T (Telephone) Jelly bean: Provides access to the Telephone/Web Encounters window.

- The number next to “T” indicates the total number of open telephone encounters, web encounters, actions and claims that have been assigned to the logged in user.
- The number of telephone encounters, web encounter, claims and actions assigned to the user will be individually displayed next to each category.
- The color of the jelly bean turns red, if any of the telephone encounters, web encounters, or actions that is assigned to the user is marked as a high priority.



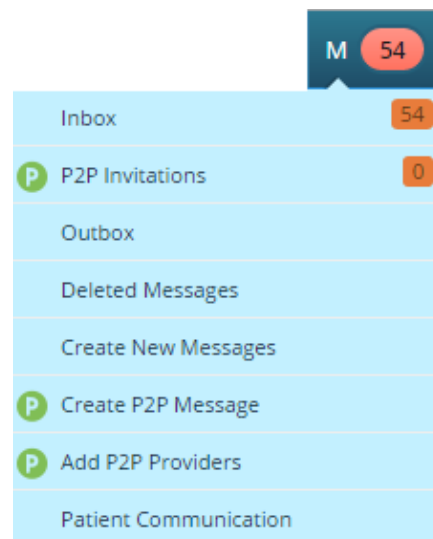
L (Labs) Jelly bean: Provides access to the Labs/Imaging/Procedures window.

- The Labs/Imaging/Procedures window opens directly to the, “To Be Reviewed” tab.
- The number next to “L” indicates the total number of Labs, Imaging and Procedures results that have been assigned to the logged in user.
- The color of the jelly bean turns red, if any of the Labs, Imaging, or Procedures result(s) that are assigned to the user are marked as a high priority.



M (Messages) Jelly bean: Provides access to the Inbox, Outbox, and Deleted Messages windows.

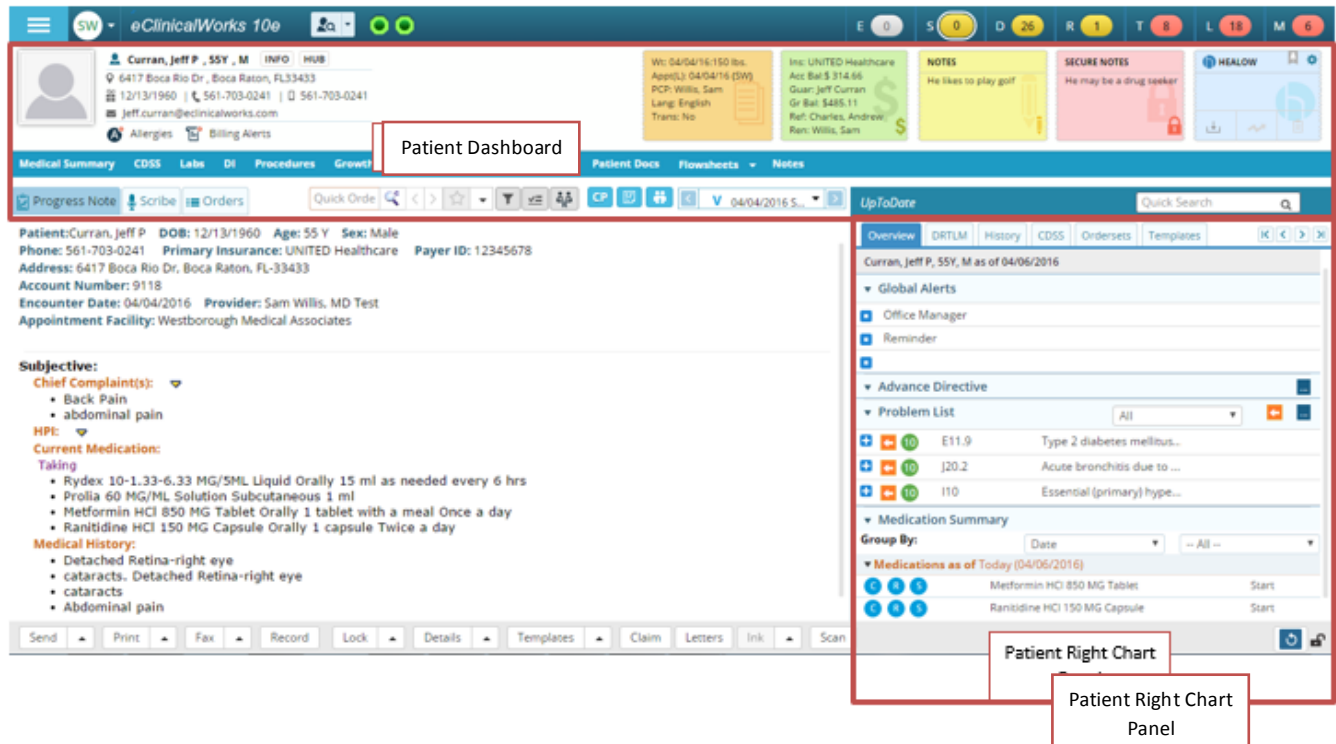
- The number next to “M” indicates the number of new messages in the user inbox.
- Also, by clicking on the letter “M” users can choose to view the Inbox, Outbox, Deleted Messages or Create New Messages.



Menu Bar and navigation panel – Show/Hide Buttons (Overview)



1. Show/Hide Button at the top-center of the screen allows users to customize their workspace.
 - a. **Left Show/Hide Button** allows you to show/hide the Patient Dashboard (on the Progress Note).
 - b. **Right Show/Hide Button** allows you to show/hide the Patient Right Chart Panel (on the Progress Note).



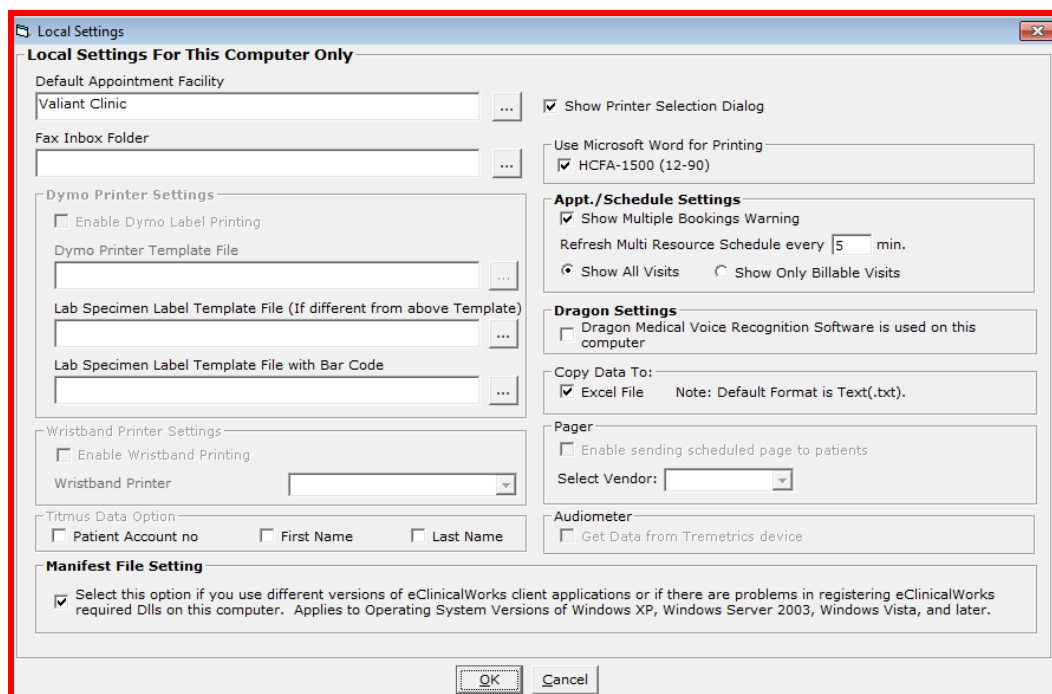
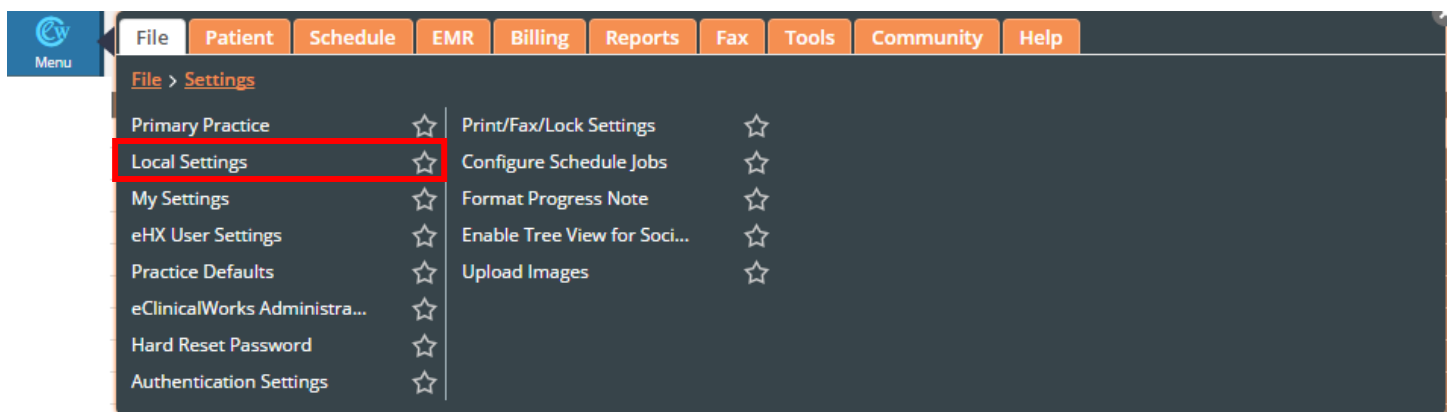
Color of the Show/Hide Button

	Shows the Patient Dashboard and/or the Patient Right Chart Panel
	Hides the Patient Dashboard and/or the Patient Right Chart Panel
	Automatically hides the Patient Dashboard and/or the Patient Right Chart Panel

Profile Configuration

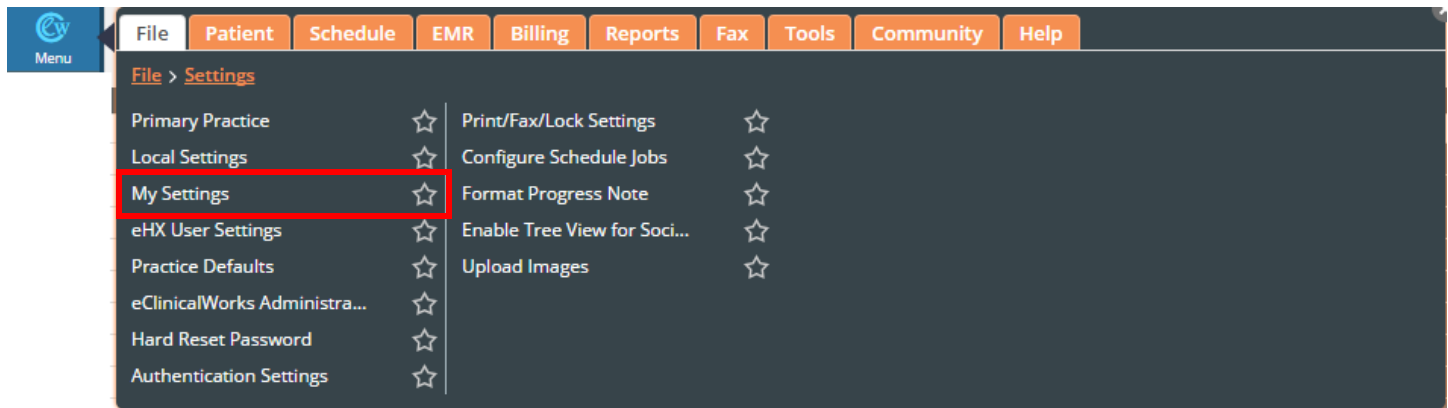
Local Settings

- Local Settings apply to “This Computer Only.” The settings allow users to configure:
 - The Default Appointment Facility.
 - The Fax Inbox folder to the eClinicalWorks application.
 - Enable the Dymo Label Printer.
 - “Dragon Naturally Speaking” software (if applicable), etc.
- To configure “Local Settings”, go to: File> Settings> Local Settings.



My Settings

- My Settings allows users to customize system options for their profile.
- To configure user settings, go to File> Settings> My Settings.



Commonly used Tabs:

- **eClinicalMobile:** Allows users to setup their profile for the eClinicalMobile Application.
- **Defaults:** Select defaults options.
- **Defaults 2:** Select defaults options.
- **My Resources:** Select the resources that the user works for/with.
- **Warnings:** Allows users to show pop up warning alerts in different areas of the application
- **My Providers:** Select the providers that the user works for/with, and his/her default location
- **User Settings:** Enable/Disable system settings such as; enable medication interaction, enable fax refresh rate, select desired home screen, etc.
- **Views:** Select desired view for the selected screen (modern view or classic view)
- **Show/Hide:** Show/Hide the selected options in each specified screen
- **Send Defaults Setup:** Allows users to set up defaults for what options they see on the send screen

The following two illustrations show the recommended default settings for the Front Office users.

Defaults Tab: Set defaults within the application

Settings for Willis,Sam

eClinicalMobile

eClinicalWorks P2P

Defaults

Defaults 2

My Resources

Warnings

My Providers

User Settings

Physician Reference

Views

Show/Hide

Send Defaults Setup

Default Superbill

General

Default Lab Requisition Form

General

Default Imaging Requisition Form

General

Default UOM in Growth Charts

Metric

Default style in Progress Notes

Bulleted

Default Signature Pad

Topaz

Default New Patients Primary Service Location

Valiant Clinic

Default Option for View All Reports

By Patient (Unreviewed)

Default Timeout for Server Communication

0

Seconds (0 = default timeout)

Default Progress Note Templates

☒ Generic
 ☐ Patient Specific

Default Number of Visits for Outgoing Referrals

3

Default Payment Method in Co-pay Screen

☐ Check
 ☐ Credit Card
 ☒ Cash

Default Screen for Lab/Di Review

☒ Reports
 ☐ View All Reports (Unreviewed)

Sort By

Order Date

Default Look Options

	Lookup Option	Sort By Option	Output Format
Cumulative eReport	Collection Date	Collection Date	Updated XSL
View All Reports - By Patient	Collection Date	Collection Date	

Copy My Settings

CCMR Settings

OK

Cancel

Defaults 2 Tab: Set defaults within the application

Settings for Willis,Sam

eClinicalMobile	Print Medical Record	<input checked="" type="radio"/> Modern	<input type="radio"/> Classic
eClinicalWorks P2P	Choose Ink(* Requires .Net Framework 2.0 or Greater)	<input type="radio"/> Modern	<input type="radio"/> Classic <input checked="" type="radio"/> Version 4
Defaults	Default tab for acuities under vision examination	<input checked="" type="radio"/> Unaided Acuities	<input type="radio"/> Aided Acuities
Defaults 2	Default tab for Notes under Treatment Screen in Progress Notes	<input checked="" type="radio"/> Notes	<input type="radio"/> Clinical Notes
My Resources	Expand Collapse of Treatment Notes	<input checked="" type="radio"/> Expand on Edit	<input type="radio"/> Expand Always <input type="radio"/> Regular View
Warnings	Expand Collapse of HPI Notes	<input checked="" type="radio"/> Expand on Edit	<input type="radio"/> Expand Always <input type="radio"/> Regular View
My Providers	Expand Collapse of Assessment Notes	<input checked="" type="radio"/> Expand on Edit	<input type="radio"/> Expand Always <input type="radio"/> Regular View
User Settings	Default View for Immunizations	<input checked="" type="radio"/> Imm/T.Inj Hx	<input type="radio"/> Imm Schedule <input type="radio"/> Flu Schedule
Physician Reference	Default for Drug Dosages Look up	<input type="radio"/> Standard	<input type="radio"/> My Favorites <input checked="" type="radio"/> Both
Views	Auto hide Top Panel and Right Panel in	<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Scribe <input checked="" type="checkbox"/> Care Plan <input checked="" type="checkbox"/> OB Visit
Show/Hide	'Done' for Print, Fax and Transmit	<input checked="" type="radio"/> Modern(Send)	<input type="radio"/> Classic
Send Defaults Setup	<i>* Requires Practice Defaults Setting to be Enabled</i>		
	Default Facility for ordering labs from virtual visits	<input checked="" type="checkbox"/> Primary Service Location	
	Default Visit Type for New Encounters	<input type="checkbox"/> Enter Visit Type	

Copy My Settings
CCMR Settings
OK
Cancel

My Resources Tab: Select all the resources whose schedules the user would like to access.

Resources are schedules that are not provider schedules and are not linked to the provider's account.

Settings for Willis.Sam

eClinicalMobile

eClinicalWorks P2P

Defaults

Defaults 2

My Resources

Warnings

My Providers

User Settings

Physician Reference

Views

Show/Hide

Send Defaults Setup

My Schedule Settings

Location All

<input type="checkbox"/>	Code	Resource	Location
<input type="checkbox"/>	CT-Radiology	Valiant Clinic	VC
<input type="checkbox"/>	meraas	Valiant Clinic	VC

My Resources

CT-Radiology

Copy My Settings

CCMR Settings

OK

Cancel

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▪ 24

My Providers Tab: Select the providers whose schedules the user would like to see.

Settings for Willis,Sam

eClinicalMobile

eClinicalWorks P2P

Defaults

Defaults 2

My Resources

Warnings

My Providers

User Settings

Physician Reference

Views

Show/Hide

Send Defaults Setup

Default Appointment Facility

Valiant Clinic

My Schedule Settings

Primary Service Location

Valiant Clinic

<input type="checkbox"/>	Provider	Primary Service Location	Code
<input type="checkbox"/>	William,David	Valiant Clinic	
<input type="checkbox"/>	Willis,Sam	Valiant Clinic	

My Providers

William,David	x
Willis,Sam	x

Out of Office

From

☐ MM/DD/YYYY

☐

To

☐ MM/DD/YYYY

☐

Copy My Settings

CCMR Settings

OK

Cancel

User Settings

Settings for Willis.Sam

eClinicalMobile
eClinicalWorks P2P
Defaults
Defaults 2
My Resources
Warnings
My Providers
User Settings
Physician Reference
Views
Show/Hide
Send Defaults Setup

Popup Drug Interaction Window when interaction is	<input checked="" type="radio"/> Severe	<input type="radio"/> Moderate	<input type="radio"/> Mild	<input type="radio"/> None
Provider/Resource Selection in office Visits and Encounters Lookup	<input type="radio"/> Pick List	<input checked="" type="radio"/> Drop-down		
Enable Centralized Resource Scheduling(Facility Based)	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Apply My Facility to Filter Encounters	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
ICD Association for the Procedure Codes Entered in EMR Billing	<input type="radio"/> None	<input checked="" type="radio"/> One	<input type="radio"/> All	
Copy Treatment Notes for an Assessment in Carets	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
Automatically get the Diagnosis in the Outgoing Referral	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="checkbox"/> Use Practice Defaults	
View eCliniForms Toolbar in Progress Notes	<input type="checkbox"/>			
Enable UpToDate in Progress Notes Right Panel	<input type="checkbox"/>			
Latest Fax in Fax Inbox Arrives at	<input checked="" type="radio"/> Top	<input type="radio"/> Bottom		
Enable Signature Pad in Fax Preview Window	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Enable ServerXMLHTTP Object	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Popup instruction window when ordering Labs/Xrays/Procedures	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
Load Picklist by Facility	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Automatically add previously associated assessment when Rx is Continued or refilled from Right panel (Medication Summary Screen)	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
Select "First day of the week" for resource schedule	Sunday ▼			
Select "First business day of the week" for "5 day view" in resource schedule	Sunday ▼			
Select days for "My View" in resource schedule	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input checked="" type="checkbox"/> Su			

Display style for Structured data elements in progress Notes

New Line ▼

Default Right Panel

Overview ▼

My home screen

Resource Schedule ▼

Interval in Minutes to Refresh Fax Inbox

0

0 Means disable automatic refresh

Copy My Settings
CCMR Settings

OK Cancel

Views

Settings for Willis,Sam

eClinicalMobile
eClinicalWorks P2P
Defaults
Defaults 2
My Resources
Warnings
My Providers
User Settings
Physician Reference
Views
Show/Hide
Send Defaults Setup

Left Panel Icons	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Manage Rx	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Favorite Rx	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Rx Edit	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Patient Labs, DI and Procedure Hx	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Cumulative Lab Report	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Formulary Rx Screen	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Immunization and flu Schedule	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Lab/DI/Procedures Order Screen	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View
Device DI Screen	<input checked="" type="radio"/> Modern View	<input type="radio"/> Classic View

Quick Launch Buttons

☒ P 12
☐ N 56
☐ E 56
☒ S 20
☒ D 36
☒ R 10
☒ T 127
☒ L 112
☒ M 585

Copy My Settings
CCMR Settings

OKCancel

Claims Lookup
☒ Adjustments
☐ Pmts/Refunds
☒ Withheld
☒ Pmts/Adjust
☐ Transfer Days

Alerts
☒ CDSS
☐ Classic Alerts
☐ Both

Apply Medication Summary Modern View in
☐ Current Medications (Progress Notes)
☐ Progress Notes Right Panel
☐ Telephone Encounter
☐ Current Medications (ManageRx - Modern View)
☐ Rx History (Patient Hub)

Show/Hide

Settings for Willis,Sam

eClinicalMobile	Outlook Tree View <input checked="" type="radio"/> Show <input type="radio"/> Hide	Progress Notes Top Panel <input checked="" type="radio"/> Show <input type="radio"/> Hide
eClinicalWorks P2P	Progress Notes Right Panel <input checked="" type="radio"/> Show <input type="radio"/> Hide	Discontinued Drugs <input type="radio"/> Show <input checked="" type="radio"/> Hide
Defaults	Patient Hub Chart Panel (Right Pane) <input checked="" type="radio"/> Show <input type="radio"/> Hide	Invalid CPT Codes <input type="radio"/> Show <input checked="" type="radio"/> Hide
Defaults 2	Custom dosages in RX Edit Screen <input checked="" type="radio"/> Show <input type="radio"/> Hide	Examination Categories (Tree) <input checked="" type="radio"/> Show <input type="radio"/> Hide
My Resources	Handwritten Signature (Applies to Progress Notes printing, faxing, and locking) <input checked="" type="radio"/> Show <input type="radio"/> Hide	Dosage Information for Custom Drugs Linked to Drug Libraries <input checked="" type="radio"/> Show <input type="radio"/> Hide
Warnings	Dispense, Duration, and Refill Info in Select Rx Screen for Standard Drugs <input checked="" type="radio"/> Show <input type="radio"/> Hide	Single Button for Prescription Based on Patient's Default Pharmacy <input checked="" type="radio"/> Show <input type="radio"/> Hide
My Providers	Providers Initials in Progress Notes - Visits Drop-down <input checked="" type="radio"/> Show <input type="radio"/> Hide	CPT Copyright pop up when logging into the application <input type="radio"/> Show <input checked="" type="radio"/> Hide
User Settings	Display Insurance Group at line Item Level Payment Posting <input checked="" type="radio"/> Show <input type="radio"/> Hide	Reconcile menu from Quick Launch Notification (L jelly bean) <input type="radio"/> Show <input checked="" type="radio"/> Hide
Physician Reference	Auto hide Top Panel and Right Panel in Progress Notes Screen <input checked="" type="radio"/> Yes <input type="radio"/> No	
Views	<div>Tabs to display in Progress Note Chart Panel*</div> <div> <input checked="" type="checkbox"/> Overview <input checked="" type="checkbox"/> DRTLm <input checked="" type="checkbox"/> History <input checked="" type="checkbox"/> CDSS <input checked="" type="checkbox"/> OS <input checked="" type="checkbox"/> Templates <input type="checkbox"/> eHX </div>	
Show/Hide	<div>* Please note that a minimum of 2 tabs are required to be displayed in the right panel</div>	
Send Defaults Setup	<div>Copy My Settings CCMR Settings</div> <div>OK Cancel</div>	

Send Defaults Setup

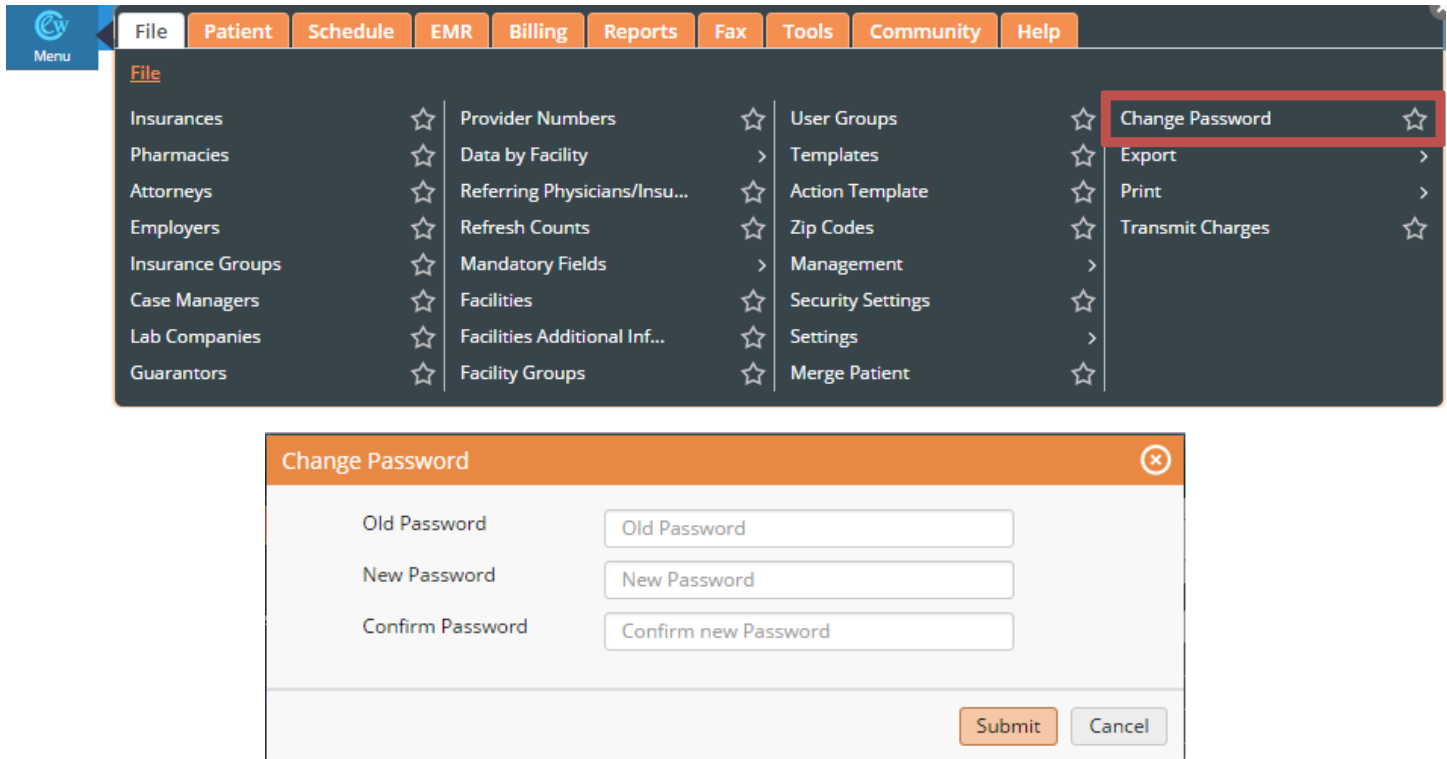
Settings for Willis.Sam

	Rx	Labs	Xrays	Procedur...	Consult ...	Pt. Educa...	Visit Sum...	Imm. For...	Rx Educa...
Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Print Rx, Orders, Visit Summary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (Send)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Office Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Orders (Labs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Orders (DI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Orders (Procedures)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Request Form (Labs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Request Form (DI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lab Request Form (Procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PN Send (Print/Fax Labs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PN Send (Print/Fax DI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PN Send (Print/Fax Procedure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copy My Settings
CCMR Settings
OK
Cancel

Change Password

- Go to the File Menu and select “Change Password.” This will open the “Change Password” window.
- On the “Change Password” window, the user enters their Old Password, and New Password.
- Click “Submit”



Patient Lookup and Demographics Windows (Overview)

The Patient Lookup Window and Lookup Options

Patient Look-Up Screen allows the user to:

- Search for the desired patient.
- Register new patients.
- Access patient's demographic and patient hub.

Looking Up a Patient

To look up a patient:

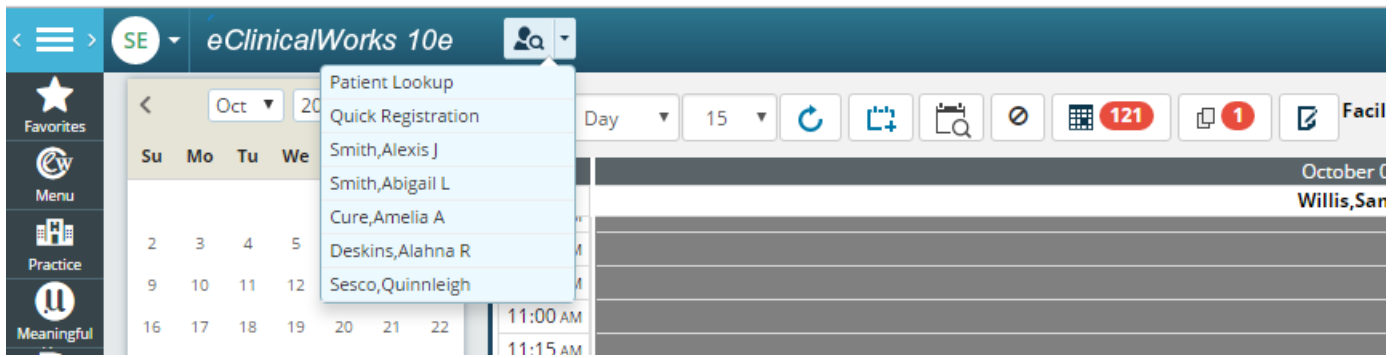
1. Click the Patient Lookup Icon.
2. Select your search criteria from the drop-down option



- | | |
|-------------------|-----------------------|
| ❖ Name | ❖ SSN |
| ❖ DOB | ❖ Account Number |
| ❖ Phone Number | ❖ Subscriber Number |
| ❖ Previous Name | ❖ Home/Work/Cellphone |
| ❖ Medical Records | ❖ Guarantor Name |

3. Patient list displays

The Patient Lookup button also includes a drop-down list that provides quick access to a list of the last five patients whose 'Hub' screen has been viewed. This feature is available to all users. Click on the green drop-down arrow to the right of the patient lookup button to access patient records viewed recently.



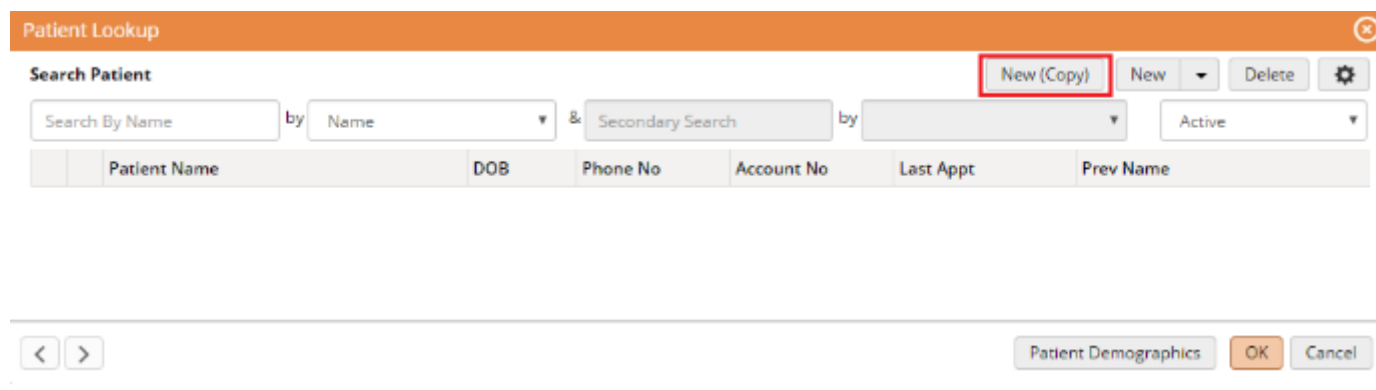
Creating a New Patient

Click the Patient Lookup icon and click the "New" button.



 A screenshot of the 'Patient Lookup' window. The window has an orange header bar with the title 'Patient Lookup'. Below the header is a 'Search Patient' section with input fields for 'Search By Name' and 'Secondary Search'. To the right of the search fields are buttons for 'New (Copy)', 'New', and 'Delete'. The 'New' button is highlighted with a red rectangular box. Below the search section is a table with columns: 'Patient Name', 'DOB', 'Phone No', 'Account No', 'Last Appt', and 'Prev Name'. At the bottom of the window are navigation arrows and buttons for 'Patient Demographics', 'OK', and 'Cancel'.

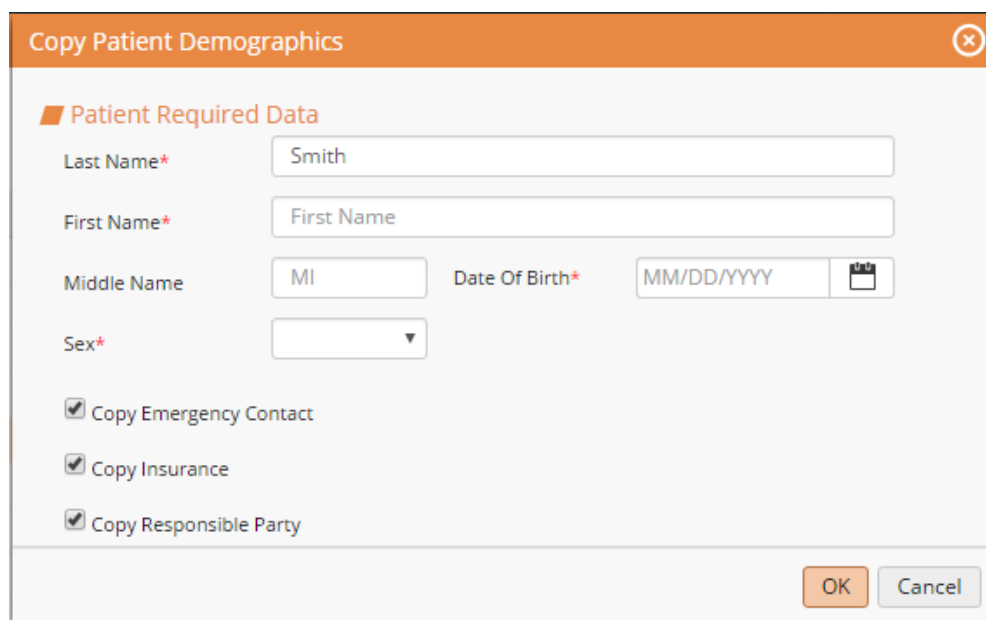
New (Copy): If the new patient being registered is a family member of a patient who already exists in your Lookup database, you can use the "New (Copy)" feature. This feature creates a new patient by copying the demographics from an existing patient into the new patient's account.



The Patient Lookup window features an orange title bar with a close button. Below the title bar is a 'Search Patient' section with a 'New (Copy)' button highlighted by a red box. To the right of this button are 'New', 'Delete', and a settings icon. The search area includes a 'Search By Name' field, a 'by' dropdown set to 'Name', an '&' separator, a 'Secondary Search' field, another 'by' dropdown, and an 'Active' dropdown. Below these fields is a table with columns: Patient Name, DOB, Phone No, Account No, Last Appt, and Prev Name. At the bottom of the window are navigation arrows, a 'Patient Demographics' button, and 'OK' and 'Cancel' buttons.

A screen will pop-up where you can select the sections you want to copy over from the existing patient's demographics.

1. First name, Last name, Date of Birth, & Sex are mandatory fields to complete for the new patient being created.
2. You have the option to copy the emergency contacts, insurance and/or responsible party to the new patient



The Copy Patient Demographics window has an orange title bar with a close button. It contains a section titled 'Patient Required Data' with the following fields: 'Last Name*' (text box with 'Smith'), 'First Name*' (text box with 'First Name'), 'Middle Name' (text box with 'MI'), and 'Date Of Birth*' (text box with 'MM/DD/YYYY' and a calendar icon). Below these is a 'Sex*' dropdown menu. At the bottom of the form are three checkboxes, all of which are checked: 'Copy Emergency Contact', 'Copy Insurance', and 'Copy Responsible Party'. The bottom right corner has 'OK' and 'Cancel' buttons.

Accessing Patient Demographics

To access patient demographic:

1. Lookup the desired patient from the patient lookup screen.
2. Click on the patient name.
3. Click on “Patient Demographics” button, patient Information page displays.

Patient Demographics
OK
Cancel

Patient Information (Test,Test)

Account No	9127	Prefix		Date Of Birth*	10/19/1985	Age: 30Y
Last Name*	Test	Suffix		Sex	Female	<input type="checkbox"/> Transgender
First Name*	Test	MI		SSN	565-66-4646	Parent Info
Previous Name	Test					
Address Line 1	7000-7098 S MAIN ST					
Address Line 2						
City	LOS ANGELES	Validate				
State	CA	Zip	90003-213	Country	US	...
Home Phone	423-554-6546	Cell No	456-654-6466			
Work Phone	454-656-4564	Ext				
Email	Does not have e-Mail <input checked="" type="checkbox"/> Not Provided					
Last Appt	03/15/2016 11:35 Am					

Resp Party*	Test,Test DOB:10/19/1985 Age:30Y Sex:female Home:423-554-6546
Relation	1 ... Self - patient is the insured
Emergency Contact	Test,Father Relation:Father Address:
Acct Balance	No Access Details Gr.Bal
Pt Balance	No Access Acc Inquiry
Next Appt	

PCP	
Referring Provider	
Rendering Pr./PCG	
Marital Status	
Language*	Romanian, Moldavian, R
	<input checked="" type="checkbox"/> Translator
Race*	Black Or African Am...
Ethnicity*	Not Hispanic or Latino
Characteristic	
Birth Order	
Release of Info.*	Y ...
Rx History Consent *	U ... Scan
Signature Date	03/24/2016
Advance Directive	
Emp Status	(None Sele...
Student Status	(None Sele...
Gestational Age	

Insurance (1) Pharmacies (0) Contacts Attorneys Case Management Circle of Care

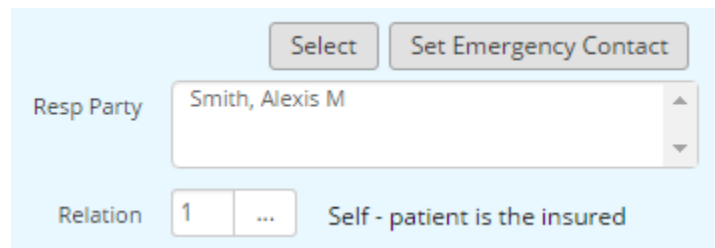
Insurance ☐ Self Pay New Case Master Fee Schedule Add Update

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P test insurance		45646464564	1	Test, Test	20.00	

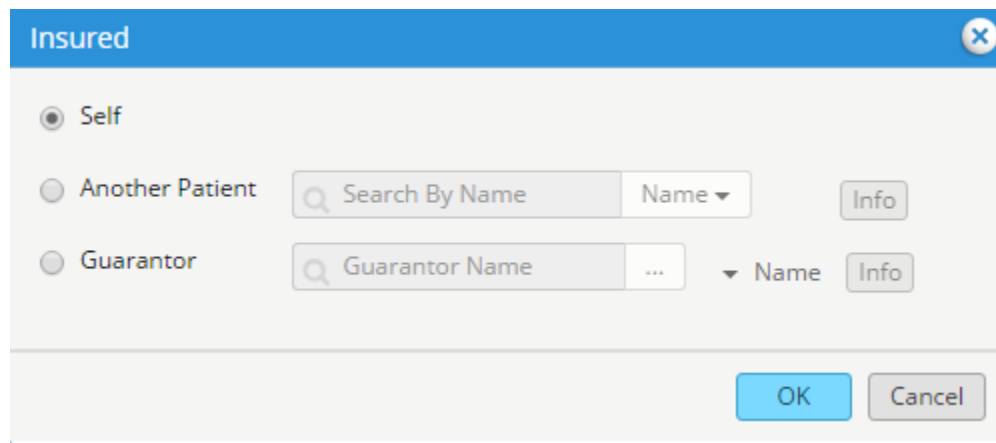
Additional Information ! Alert Misc Info Options eEHX demographics OK Cancel

Demographics Screen

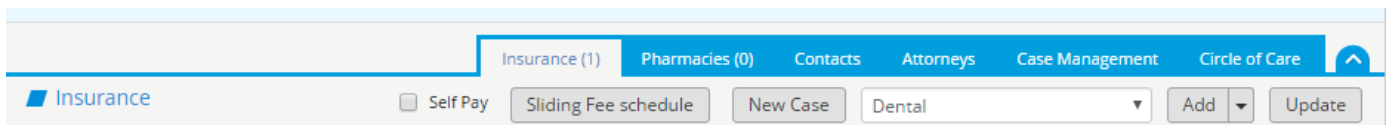
Note: Mandatory Demographics are noted with a * and must be entered before you can leave the window.

Adding the Responsible Party:

This form is used to add a responsible party. It features two buttons at the top: "Select" and "Set Emergency Contact". Below these, there is a text input field labeled "Resp Party" containing the name "Smith, Alexis M". At the bottom, there is a "Relation" field with a dropdown menu showing "1" and "...", followed by the text "Self - patient is the insured".



The "Insured" dialog box is used to select the insured party. It has a blue header with the title "Insured" and a close button. The dialog contains three radio button options: "Self" (selected), "Another Patient", and "Guarantor". For "Another Patient", there is a search field labeled "Search By Name" with a dropdown menu set to "Name" and an "Info" button. For "Guarantor", there is a search field labeled "Guarantor Name" with a dropdown menu set to "Name" and an "Info" button. At the bottom right, there are "OK" and "Cancel" buttons.

Adding patient insurance:

This interface shows the "Insurance" tab selected in a navigation bar. The navigation bar includes tabs for "Insurance (1)", "Pharmacies (0)", "Contacts", "Attorneys", "Case Management", and "Circle of Care". Below the navigation bar, there is a section for "Insurance" with a "Self Pay" checkbox, a "Sliding Fee schedule" button, a "New Case" button, a dropdown menu set to "Dental", and "Add" and "Update" buttons.

Patient Lookup and Demographics Windows (Overview)

To access Additional Demographics Information:

Click “Additional Info” button

Patient Information (Test,Test)

Patient Information ▸ Additional Information

☒ Don't Send Statements ☐ Inactive

General Information

Street Address (if different then mailing address)

Address Line 1

Address Line 2

City

State Zip

Leave Message ☐ Home ☐ Cell

Residence Type ... (None Selected)

VFC Eligibility

MOMember ID

Plan Type ... (None Selected)

Notes

Deceased

Date ☐ Deceased

Notes

Employer Address

Name

Address Line 1

Address Line 2

City

State Zip

Leave Message ☐ Work

☐ Exclude from Registry Search

☐ Use Street address for prescription

Default Facility

MRN (External System)

Default Lab Company

Default DI Company

Registered On

Structured

Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Veteran	Yes	
<input type="checkbox"/> Seasonal	No	
<input type="checkbox"/> Migrant	Yes	
<input checked="" type="checkbox"/> Homeless	Yes	
<input type="checkbox"/> Homeless	Street	
Statu ...		
<input type="checkbox"/> Limited Englis ...	Yes	
<input type="checkbox"/> Public Housing	Yes	
<input type="checkbox"/> Reason patient ...	Moved out of country	
<input type="checkbox"/> Date of inelig ...	03/17/2016	
<input type="checkbox"/> TEST	2	

Custom

OK Cancel

Additional Demographics

Note: “Additional Info” page allows you to capture additional structured data information.

Accessing Patient Hub

To access Patient Hub:

3. Lookup the desired patient from the patient lookup screen
4. Double Click on the patient name, Patient Hub displays

Patient Hub (Test,Test)

Test Test, (30Y , F) INFO e

7000-7098 S MAIN ST, LOS ANGELES,CA-90003-2130
 423-554-6546 | 456-654-6466 | 454-656-4564
 10/19/1985
 Account No: **9127** |

Advanced Directive :
 Insurance : **test insurance**
 PCP :
 Rendering Pr :

Billing

Patient Balance : **\$0.00**
 Collection Balance :
 Account Balance : **\$0.00**
 Collection Status :
 Assigned to :

Billing Alert Guarantor Balance

Account Inquiry Billing Logs

Structured Data

Veteran	Yes
Seasonal	No
Migrant	Yes
Homeless	Yes
Limited English Proficiency	Yes
Public Housing	Yes
Reason patient not qualified for sample (ACO)	Moved out of country

0 **Labs** **0** **DI** **1** **Referrals**

0 **Actions** **1** **Tel Enc** **0** **Web Enc**

3 **Docs** **0** **P2P**

Appointments

Last Appointment : **03/15/2016 11:35 AM**
 Facility : **St. Johns Well Child**
 Next Appointment :
 Facility :
 Bumped Appt: **NONE** Case Manager Hx:

New Appointment

Progress Notes Patient Docs Action New Tel Enc

Medical Summary Devices Logs

Medical Record Consult Notes Letters >>

Problem List Flowsheets Print Labels

eClniForms >> PHM Hub ▲

Patient Hub

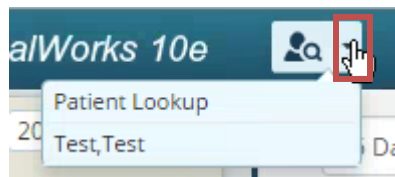
Note: Patient Hub allows you to access basic demographics information, clinical and financial information. In addition, the screen allows you to perform tasks associated to the patient (Ex: Creating telephone encounter, Letter, etc.).

Quick Access to Patient Hub

The system stored up to 5 Patient whom you have looked up.

You can quickly access their Hub by:

1. Click on green arrow next to Patient Lookup icon.
2. Select the desired patient, Patient Hub displays.



Patient Hub (Test,Test)

Test Test, (30Y , F) INFO P

7000-7098 S MAIN ST, LOS ANGELES,CA-90003-2130
 423-554-6546 | 456-654-6466 | 454-656-4564
 10/19/1985
 Account No: **9127** |

Advanced Directive :
 Insurance : **test insurance**
 PCP :
 Rendering Pr :

Billing

Patient Balance : **\$0.00**
 Collection Balance :
 Account Balance : **\$0.00**
 Collection Status :
 Assigned to :

! Billing Alert Guarantor Balance

Account Inquiry Billing Logs

Structured Data

Veteran	Yes
Seasonal	No
Migrant	Yes
Homeless	Yes
Limited English Proficiency	Yes
Public Housing	Yes
Reason patient not qualified for sample (ACO)	Moved out of country

Summary

0 Labs	0 DI	1 Referrals
0 Actions	1 Tel Enc	0 Web Enc
3 Docs	0 P2P	

Appointments

Last Appointment : **03/15/2016 11:35 AM**
 Facility : **St. Johns Well Child**
 Next Appointment :
 Facility :
 Bumped Appt: **NONE** Case Manager Hx:

New Appointment

Progress Notes Patient Docs Action New Tel Enc

Medical Summary Devices Logs

Medical Record Consult Notes Letters >>

Problem List Flowsheets Print Labels

eClniForms >> PHM Hub

Patient Account Inquiry Screen (HUB)

The Account Inquiry Screen is the centralized place to access patient's financial information.

The screen shows the claims information and the associated payments/adjustments, payment (history), patient statement, etc.

Patient account inquiry screen can be accessed from the patient 'Hub'

Patient Hub (Test,Liz)

Test Liz.M (51Y . F) INFO

1555 Test Blvd, Unit B, LEXINGTON, KY 40504
 555-123-4567 | 555-987-6543 |
 08/08/1965
 Account No: 24635 |

Advanced Directive :
 Insurance :
 PCP : Waddell, Cory
 Rendering Pr :

Billing

Patient Balance : \$102.00
 Collection Balance : \$0.00
 Account Balance : \$102.00
 Collection Status :
 Assigned to :

Billing Alert Guarantor Balance
Account Inquiry Billing Logs

Appointments

Last Appointment : 09/12/2016 08:45 AM
 Facility : 098098.519:Pike Coun
 Next Appointment :
 Facility :
 Bumped Appt: NONE Case Manager Hc:
 New Appointment

Structured Data

Veteran
 Homeless
 Limited English Proficiency
 County of Residence
 Medicaid Eligibility
 Medicaid Presumptive Eligibility Date

0 Labs 0 DI 0 Referrals
 0 Actions 0 Tel Enc 0 Web Enc
 0 Docs 0 P2P

Progress Notes Patient Docs Action New Tel Enc
 Medical Summary Devices Logs
 Medical Record Consult Notes Letters >> Send Message
 Problem List >> Flowsheets Print Labels >>
 eClniForms >> PHM Hub >>

Patient Inquiry Detail

Liz Test 51yrs, F Info Hub SEL
 DOB: 08/08/1965 Tel: 555-123-4567 Acct no: 24635

	A/C Bal.	Pt. Bal.	Unposted Payments	Coll. Bal.
Patient	\$102.00	\$102.00	\$0.00	\$0.00

Insurance Age Balance

0-30	31-60	61-90	>90	Total
0.00	0.00	0.00	0.00	0.00

Patient Age Balance

0-30	31-60	61-90	>90	Total
102.00	0.00	0.00	0.00	0.00

Collection Cycle Balance

C0	C1	C2	C3

Service Date (s) 01/01/2012 10/06/2016 Billed To All Claim Balance All
 Facility Insurance All
☐ Show CPT Payments ☐ Show CPT Payment Totals ☐ Show Voided Claims ☐ Show CPT Financial Adjs.
 Collection Status Only show Claims with No. of Statements >= Show Claims not in collection Filter

Claims for the services provided during the selected dates - Total Claims : 3

Coll	Claim No	Date	Description	Charges	Payments	Adjust	WithHeld	Pt Bal	Ins Bal
	7613	09/12/2016	Charges (Pr:SW Fac: ..	67.88				20.00	0.00
		09/12/2016	SLIDE:Slide Adjustment			47.88			
	7610	09/08/2016	Charges (Pr:SW Fac: ..	68.30				31.00	0.00
		09/08/2016	SLIDE:Slide Adjustment			37.30			
	7609	09/07/2016	Charges (Pr:SW Fac: ..	68.30				51.00	0.00
		09/07/2016	SLIDE:Slide Adjustment			17.30			
			Total	\$204.48	\$0.00	\$102.48	\$0.00	\$102.00	\$0.00

Copy Alerts Statements Pt Payments Pt ePayments OK

BILLING I WORKFLOWS

The following sections describe the workflows covered in eCW Billing I for V10e.

For more information about these workflows, and V10e, refer to the documentation available on the my.eclinicalworks.com Customer Portal.

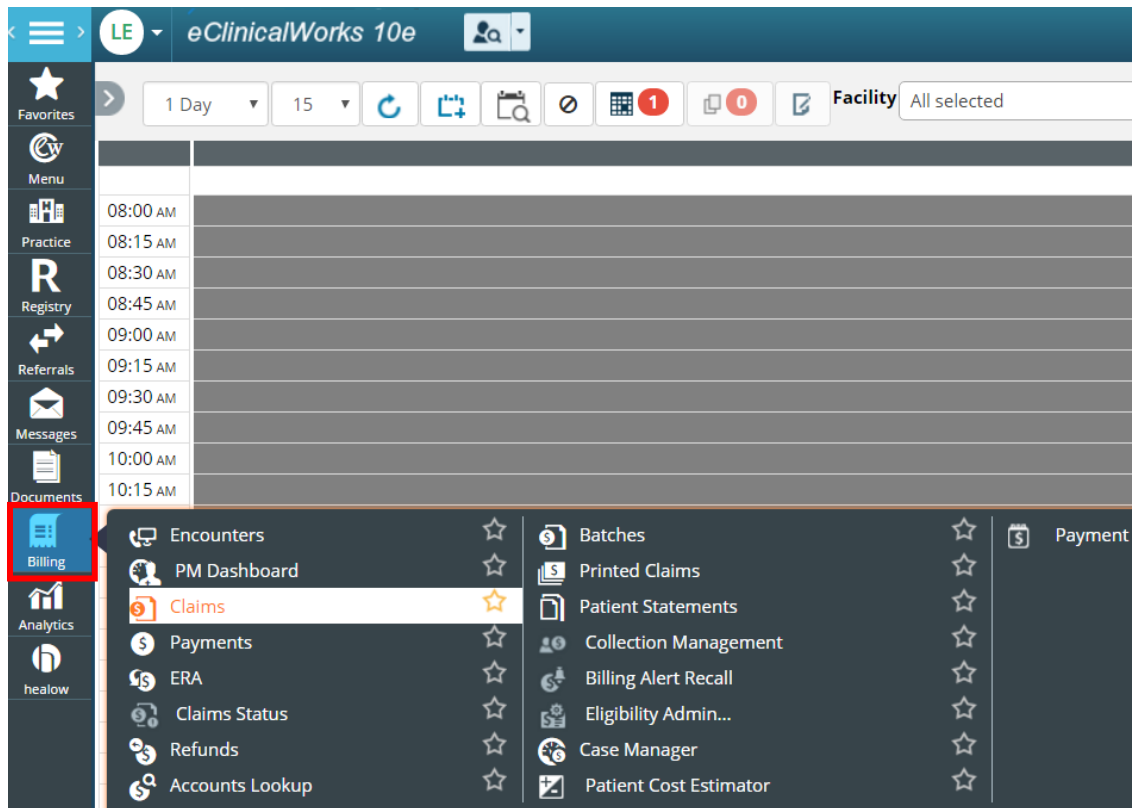
Claims Management

Claims Creation and Submission Overview

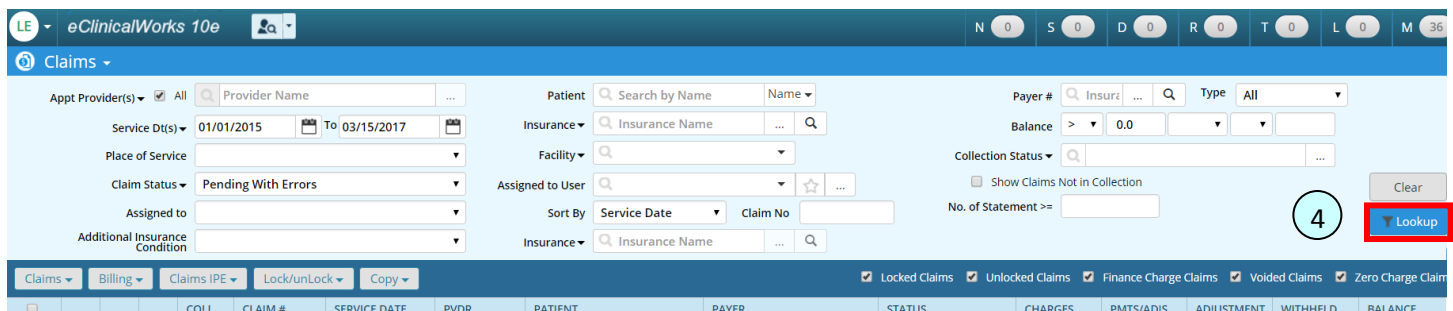
- Claims are created from locked Progress Note and scrubbed for errors by PM scheduled task.
- Claim statuses are automatically changed during the scrubbing process
 - Claims without errors will be changed to the status of “Ready to Submit (Electronically) or Print HCFA depending on the payor submission type.”
 - Claims with status of “Ready to Submit (Electronic) are automatically batched and submitted to the clearinghouse by the PM scheduled job and require no additional work.
 - Claims with status of Print HCFA must be printed and mailed. See Print HCFA workflow.
 - Claims with errors are changed to status of “Pending with Errors” and must be worked and resubmitted following the “Working Claims with Errors sections”.
- Claims are automatically submitted to the Clearinghouse by the PM Scheduled Job.
- 277CA files are automatically imported from the Clearinghouse and posted to the claims. Claim Statuses are automatically updated to Clearinghouse Accepted or Clearinghouse Rejected. Claims that are accepted by the Clearinghouse will be sent to the payors. The following day, the Claim Status will be updated to either Insurance Accepted or Insurance Rejected.
 - Claims with status of Clearinghouse Rejected and Insurance Rejected must be worked and resubmitted.

Working with Claims (Overview)

1. To work claims, click on the Claims icon in the Billing band.



2. Filter for required date range and Claim Status (Pending with Errors, Clearinghouse Rejected, Insurance Rejected, etc.).
3. Add any addition filters as needed to refine the list of claims further based on Provider, Facility, Insurance, etc. (Refer to section on *Lookup Claims* for more details on filter options.)
4. Click “Filter” to display the list of claims.



NOTE: Claim Statuses will be determined by the type of claim edit and will vary by LHD. It is important that each LHD is aware of all possible Claim Statuses that must be reviewed and filter for each Claim Status one at a time.

Lookup Up Claims – Claims Screen Filters

Field	Description
Appt Provider(s)	Check the <i>All</i> box to look up claims for all appointment providers, or click the More (...) button and select a specific provider.
Service Dt(s), etc.	Results can be filtered by many different types of date ranges. Select the type of date to use from the gray drop-down list on the left. Use the two drop-down calendars to select the date range to filter the results. For more information, refer to Searching for Claims by Status Dates and Status Days (Claims Aging) .
Place of Service	To filter results by claims that use a specific place of service (POS) code, select the code from this drop-down list.
Claim Status / Payment Rejection Status	Select one of the following methods of filtering results using the gray drop-down list on the left: <ul style="list-style-type: none"> ■ Claim Status - Filter results by the status of claims. ■ User-(PRS) - Filter results by user based on payment rejection status. ■ User-(CS) - Filter results by user based on claim status. ■ User-(PRS&CS) - Filter results by user based on payment rejection status and claim status. ■ PRS - Filter results by the payment rejection status of claims. Once the method of filtering results is selected, use the drop-down list on the right to select the user or status. For more information, refer to Entering Additional Claim Information .
Assigned To	To filter results by claims that have been assigned to a specific category of payer (any insurance company, the primary insurance, the secondary insurance, the tertiary insurance, or the patient), select the category from this drop-down list. The option selected from this list is carried forward to the Batch Claims window automatically, if applicable.
Payer #	To filter results by a specific payer ID number, enter it or click the More (...) button to select one from the Insurances window.
Type	To filter results by a specific type of claim (Professional, Institutional, or Dental), select the type from this drop-down list.
Addition Insurance Condition	The Additional Insurance Condition can be used with the <i>Insurance Group</i> filter. For more information, refer to Filtering Claims by Additional Insurance Condition .

Field (Continued)	Description (Continued)
Collection Status	To filter results by their place in the collection cycle; select the status from this drop-down list. This filter is only displayed if claim-based collection management is enabled. For more information on enabling this feature, refer to the <i>Billing Setup Guide</i> .
Patient	To filter results by a specific patient, click the More (...) button next to this field and select the patient.
Insurance / Ins. Grp	To filter results by insurance company or insurance group, select the option from the gray drop-down list and click the More (...) button to select an insurance company or insurance group. For more information, refer to Using Insurance Filters from the Claims Lookup Window .
Facility / Fac. Grp	To filter results by Facility or Facility Group, select the option from the gray drop-down list and click the More (...) button to select a facility or Facility Group.

NOTE: “For more information, refer to....” Information can be found in the eCW Billing User Guide.

Identifying Claim Statuses

The claim status indicates where the claim is in the processing cycle

The status of a claim updated automatically in the following scenarios only. All other claim status changes are manual.

1. **Claim Creation:** When claims are created by the automated job, the claim is scrubbed for errors. The status of claims without errors will change to Ready to Submit (Electronic) or Print HCFA, depending on the payer’s submission status. Claims with errors will change to Pending with Errors, or other statuses based on custom claim edits.
2. **Claim Submission:** When a claim is submitted electronically, or when a HCFA is printed, the system changes the status to Submitted. All other claim statuses must be changed manually
3. **Clearinghouse Reports:** Imported 277CA files from the clearinghouse will automatically change statuses to: Clearinghouse Accepted, Clearinghouse Rejected, Insurance Accepted, and Insurance Rejected.

NOTE: Not all payors send 277CA reports to the clearinghouse, so some claims may remain in status of Submitted or Clearinghouse Accepted until adjudication.

Claims Detail

Claim (Practice: PIKE COUNTY, Site ID:)

Test, Liz M 51Y, Female | 08/08/1965 | 555-123-4567 | No | Acc #: 24635

Claim No: 7613 | Appt Facility: 098098.519:Pike Count | POS: 11 | Billing: Willis, Sam,Multi | Rendering: Willis, Sam,Multi | Supervisor: Willis, Sam,Multi | Claim Status: Pending

Service Date: 09/12/2016 | Servicing Provider: Willis, Sam,Multi | Resource: Willis, Sam,Multi | Copay: 0.00 | Pt. Uncovered Amt: 0.00

Ready to Submit (F6) | Set Status to HCFA (F7) | Set Claim to Electronic (F8)

ICD & CPT | Insurances & Payment | Additional Information

ICD Codes (1) | Map to ICD10 | Prev Dx | Add | Remove

#	Code	Name
1	A42.1	Abdominal actinomycosis

Insurances | Name: Medicaid Traditional KY

Labs/Diagnostic Imaging/Imm | # | IH/SO | Type | Name

CPT/HCPCS (1) | Add | Update | Remove | Fee Schedule: Master Fee Schedu

#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Pro Id
1	99213	11	1	09/12/2016	09/12/2016					1				1	67.88	

Summary | Sr.No | Error

Sr.No	Error
1	An exception occurred and could not check for claim errors

Claims Logs | **Suppressed Error** | Prev(F9) | Copy | Suppress | Recheck | Next(F10)

Header | Data | Option | Print HCFA (02-12) | Adjustments | Prog. Notes | OK | Cancel

Follow up

Assigned To: eclinicalworks,support

Start Date: 10/06/2016

Priority: Low

Status: In Progress

Claim Action:

Recall After: Day(s)

Due Date:

Notes:

Additional Claim Data

Logs | Billing Logs

The following table describes the fields and options available on this window:

Field/Option	Description
Claim Number	The system-generated number assigned to this claim is displayed. This information is read-only and cannot be edited.
Claim Date	Populated automatically with the date this claim was created. To change this date, click the drop-down calendar.
Service Date	Populated automatically with the date services were rendered from the encounter. To change this date, click the drop-down calendar.
Appointment Facility	Populated from the patient's appointment automatically. To change this facility, click <i>Sel</i> next to this field.
POS	Displays the place of service code for this claim, based on the POS that has been set up for the appointment facility. This information is read-only and cannot be edited.

Field/Option	Description
Patient	<p>Displays basic demographic information for the patient.</p> <p>Click one of the following buttons next to this field for more information on this patient:</p> <ul style="list-style-type: none"> ■ Info - Opens the Patient Information window for the selected patient. ■ Hub - Opens the Patient Hub for the selected patient.
Servicing Provider	The appointment provider for this encounter displays. To change this information, click the ellipsis button next to the servicing provider's name on the claim.
Resource	The resource for this encounter displays. This information is read-only and cannot be edited.
Copay	<p>Enter or change the patient's co-payment for this encounter.</p> <p>If a co-pay was entered for the patient's insurance on the Patient Information window (demographics), or if the co-pay was changed or entered in the Appointment window, that value populates.</p>
Pt. Uncovered Amt.	Displays the amount is entered in the Coinsurance field in an insurance payment, or if there is a patient portion indicated on a CPT code. This field does not retain any amount entered manually from the Claim window.
Hide <	<p>Click this button to hide the Claim Follow Up Details pane.</p> <p>Once this button is clicked, it changes to <i>Show ></i>. Click this button again to restore the Claim Follow Up Details pane.</p> <p>For more information, refer to the section Entering Claim Follow Up Details.</p>
Billing	<p>Select the billing provider for this claim from this drop-down list.</p> <p>To copy the billing provider to the Rendering and Supervisor fields, click the pages icon button to the right of this field.</p> <p>This information is automatically populated based on the appointment/service provider for this claim.</p>
Rendering	<p>Select the rendering provider for this claim from this drop-down list.</p> <p>This information is automatically populated based on the appointment/service provider for this claim.</p>
Supervisor	<p>The supervising provider for this claim can be selected from this drop-down list.</p> <p>This information is automatically populated based on the appointment/service provider for this claim.</p>

Field/Option	Description
Claim Status	<p>The submission status of this claim can be selected in one of the following ways:</p> <ul style="list-style-type: none"> ■ Select a status from the drop-down list. ■ Click the More (...) button next to this field and select the status from the Claim Status Codes window. ■ Press one of the following keys on the keyboard to change the Claim Status automatically: <ul style="list-style-type: none"> ◆ F6 - Ready to Submit (Electronic) ◆ F7 - Print HCFA ◆ F8 - Ready to Submit (Electronic)
Insurances	<p>The insurance companies that are associated with the selected patient display. One of the following icons displays to the left of each insurance company to indicate their status:</p> <ul style="list-style-type: none"> ■ P - Primary ■ S - Secondary ■ T - Tertiary <p>Insurances companies on claims can be deleted or changed.</p>
Labs/Diagnostic Imaging/Imm	<p>The lab tests, diagnostic imaging tests, and immunizations that were selected for this encounter display in this section. This information is read-only and cannot be edited.</p>
CPT/HCPCS	<p>The CPT* codes that were selected for this encounter display in this section.</p> <ul style="list-style-type: none"> ■ To add new CPT codes to this claim, perform one of the following actions: <ul style="list-style-type: none"> ◆ Click <i>Add</i> and select the code(s) from the Fee Schedule window. ◆ Enter the code into the Code column for the * row. <p>The name of the code entered is automatically populated in the Name field, the next number in the list replaces the *, and a new * row displays beneath this row.</p> <p>If the start date for a code (SDOS) is after the end date (EDOS), then the EDOS is automatically updated.</p> <ul style="list-style-type: none"> ■ To update a CPT code on this claim, replace the text in any column with the text. ■ To enter claim CPT details for this code, highlight the code to update and click the Update button. For more information on the Claim CPT Detail window, refer to the section About the Claim CPT Details Window. ■ To remove CPT codes from this claim highlight the code to remove in this section and click <i>Remove</i>. ■ To prevent a CPT code from being submitted on this claim, clear the box to the left of the code. The words <i>Partial Claim</i> display in blue on that claim.

Field/Option	Description
Fee Schedule	The Fee Schedule associated with this claim is displayed. To change the fee schedule used for this claim, select a schedule from this drop-down list.
	Note: When a fee schedule is specified, changed, or selected from the Appointment window, it takes priority over the other fee schedules specified for the appointment facility, patient's primary insurance, or Patient's Information (demographics).
Billing Notes	<ul style="list-style-type: none"> ■ This field is a means of internal communication between the provider and the billing staff. The biller can view or enter the Information from the Billing section of the Progress Notes. However, these notes are for internal use only, and do not display on the printed or transmitted claim. ■ Click <i>TimeStamp</i> to add a time stamp to this field. ■ Click <i>Browse</i> to select a keyword to enter into this field.
Patient Portion	The portion of the charges, payments, and balance that the patient is responsible for is displayed. This information is read-only and cannot be edited.

Field/Option	Description
Total	Displays the total charges, payments/adjustments, and balance on this claim. This information is read-only and cannot be edited.
Claim Header	Click this button to enter additional information that may be needed by insurance carriers for claim adjudication. For more information, refer to the section Completing the Claim Header .
Claim Data	Click this button to enter referring provider information or any additional data related to auto accidents and workers compensation claims. For more information, refer to the section Adding Claim Data .
Options	Click this button to open a drop-down list. The following actions can be performed from this drop-down list: <ul style="list-style-type: none"> ■ View various logs related to this claim ■ Print a claim summary ■ Reload the insurance companies on this claim with the insurance companies currently in this patient's demographics ■ Reapply modifier percentages ■ Reassign provider numbers ■ Convert this claim to a UB or Dental form ■ Delete this claim ■ Lock this claim ■ Void and recreate this claim ■ Configure My Settings for this claim
Print HCFA (02-12)	Click this button to print the new version of the HCFA claim form. Click the green arrow next to this button to open a drop-down list. The following actions can be performed from this drop-down list: <ul style="list-style-type: none"> ■ Select the state Medicaid forms to use ■ Print and view any of the forms available ■ Add additional Medicaid data ■ View and print ERAs for this claim
Adjustments	Click this button to add a Financial Adjustment to this claim. Do not use this area for Contractual Adjustments, as these are automatically calculated when the allowed amount is entered into a payment. Patient Statement billing messages may also be added using the Adjustments button. For more information on this feature, refer to the section Entering an Adjustment on a Claim .
Prog. Notes	Click this button to view the Progress Notes associated with this claim.

Working Claims with Errors

From the Claims screen, filter for claims to be worked

To work claims with errors:

1. Double click on the first claim to open
2. Review the errors in the Errors tab.
3. Click on "Progress Note" link to view Progress Note if needed.
4. Click on the Logs and Billing Logs to review previous actions and notes.
5. Update the claim as needed and click "Recheck" to confirm the claim does not contain any errors.
6. Document changes by entering any applicable notes in the Notes section.
7. Assign the claim for follow-up (optional). Enter optional Recall After days to delay follow up to a future date.
8. Create an Action (optional) to request information from other users.

NOTE: Refer to sections "Actions" for more information on these steps.

9. Change claim status for submission to "Ready to Submit (Electronic) or Print HCFA by clicking on (F6) on your keyboard. Claim Status will change based on the insurance plan submission type.
10. Click "OK" to save and close the claim.
11. Electronic claims will be batched and submitted by automated job. Paper claims should be printed and mailed follow Paper Claim submission workflow.

Claim (Practice: PIKE COUNTY, Site ID:)

Test, Liz M 51Y, Female | 08/08/1965 | 555-123-4567 | No | Acc #: 24635

Claim No: 7613 | Appt Facility: 098098.519:Pike County | POS: 11 | Billing: Willis, Sam, Multi | Info | Hub

Service Date: 09/12/2016 | Servicing Provider: Willis, Sam, Multi | Rendering: Willis, Sam, Multi

Claim Date: 09/12/2016 | Resource: Willis, Sam, Multi | Supervisor: Willis, Sam, Multi

Copy: 0.00 | Pt. Uncovered amt: 0.00 | Claim Status: Pending

Ready to Submit (F6) | Set Status to HCFA (F7) | Set Claim to Electronic (F8)

ICD & CPT | Insurances & Payment | Additional Information

ICD Codes (1) | Map to ICD10 | Prev Dx | Add | Remove

#	Code	Name
1	A42.1	Abdominal actinomycosis

Insurances

Medicaid Traditional KY

Labs/Diagnostic Imaging/Imm

CPT/HCPCS (1) | Add | Update | Remove | Fee Schedule: Master Fee Schedu

#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Pro Id
1	99213	11	1	09/12/2016	09/12/2016					1				1	67.88	

Summary | Sr.No | Error

Error | 1 | An exception occurred and could not check for claim errors

Claims Logs | Suppressed Error | Prev(F9) | Copy | Suppress | Recheck

Header | Data | Option | Print HCFA (02-12) | Adjustments | Prog. Notes

Follow up

Assigned To: eclinicalworks.support

Start Date: 10/06/2016

Priority: Low

Status: In Progress

Claim Action:

Recall After: Day(s)

Due Date:

Notes

Additional Claim Data

Logs | Billing Logs

OK | Cancel

Progress Note

Patient: Test, Liz M
Account Number: 24635
DOB: 08/08/1965 Age: 51 Y Sex: Female
Phone: 555-123-4567
Address: 1555 Test Blvd, Unit B, LEXINGTON, KY-40504
Pcp: Cory A Waddell

Provider: Sam Willis, MD
Date: 09/12/2016

Subjective:
Chief Complaints:
Medical History:
Objective:
Assessment:
Assessment:
1. Abdominal actinomycosis - A42.1 (Primary)
Plan:

Print | Close

Billing Log

Billing Logs (Test, Liz M)

Billing Logs

Billing Logs Claim Account

Assigned to Claim Date: x And x Claims 7613 DOS:09/12/2016 ▼

Logs Generated ☒ All ☐ System ☐ User

☒ All ☐ lineadjustments ☐ adjustments ☐ charges ☐ Claim Status

Log Type	Date/Time	Created By	Description		
adjustments	09-12-2016 10:59:45	Liz ecw (Liz)	SLIDE \$47.879999999999995		LOG DETAILS
lineadjustments	09-12-2016 10:59:45	Liz ecw (Liz)	Added 2350 \$47.879999999999995		LOG DETAILS
charges	09-12-2016 10:59:44	Liz ecw (Liz)	99213 \$67.88		LOG DETAILS
Claim Status	09-12-2016 10:59:43	Liz ecw (Liz)	Changed From: to Pending		LOG DETAILS

Entering Additional Claim Information

Additional claim information can be entered from the Claim window:

- Completing the Claim Header
- Adding Claim Data
- Entering Insurance Information
- About the About the Claim CPT Details
- Entering Claim Follow-up Details
- Entering an Adjustment on a Claim

Completing the Claim Header

1. From the Claim window, click *Header*:

The screenshot shows the 'Claims Management' interface. On the left is a sidebar with buttons: 'Summary', 'Error', 'Claims Logs', 'Suppressed Error', and 'Header' (highlighted with a red box). The main area is divided into 'Billing Notes' (a text area), 'Patient Portion' (a table), and 'Total' (a table). The 'Patient Portion' table has columns for item and amount: Patient Responsibility (0.00), Payments (0.00), and Balance (0.00). The 'Total' table has columns for item and amount: Charges (0.00), Payments/Adj (0.00), and Balance (0.00). At the bottom is a toolbar with buttons: 'Header' (highlighted), 'Data', 'Option', 'Print HCFA (02-12)', 'Adjustments', 'Prog. Notes', 'OK', and 'Cancel'.

The Claim Header window opens.

2. Enter additional information here, including the Resubmission Indicator and HCFA Box 19:

The screenshot shows the 'Claim Header' window. It has a title bar 'Claim' and a breadcrumb 'Claim > Claim Header'. The window is divided into several sections: 'Patient Data' (Residence Type, Student Status, Employment Status, Claim Editing Indicator / Plan Type, Claim Type), 'Miscellaneous Services' (Health Kids Services, Family Planning, Sterilization / Abortion, Facility/Lab ID Number, FacilityType, Resubmittal, Resubmission Code, Resubmission Reference Number), 'Reserved for Local Use (HCFA Paper Claim Only)' (HCFA 10d, HCFA 19 - highlighted with a red box, Claim Note), and 'Provider Assignment Indicator (HCFA Box 27)' (A, Assigned). At the bottom are buttons for 'Ambulance Transport Information', 'Contract Information', 'OK', and 'Cancel'.

Adding Claim Data

1. From the Claim window, click *Header*:

This screenshot is identical to the one above, showing the 'Claims Management' interface with the 'Header' button highlighted in the sidebar and the 'Data' button highlighted in the bottom toolbar.

The Claim Header window opens.

2. Enter additional information here, including MVA, symptom date, and EPSDT:

Claim Data

Claim: Claim Data

Documentation Indicator (Report Transmission Code): 3 On file Provider's site
 Documentation Type:
 Attachment Control Number:
 Date Documentation Sent:
 Release of Information:
 Nature of Condition Code:
 Symptom: 1-First Symptom Date
 Accident's Symptom Date: 04/19/2016
 Similar Symptom: N-No
 Similar Date:
 Date Last Seen:
 Initial Treatment Date:
 Patient is Pregnant:
 Claim Data

Is Patient Condition Related to

a. Employment? (Current or Previous) ☐ Yes ☒ No
 b. Accident? ☐ Auto ☐ None Auto ☒ No
 Place (State):
 External Cause of Accident:
 Accident Hour:
 Responsibility Indicator:
 Dates Patient is Unable to Work in Current Occupation
 HCFA Form Box 16: To
 Hospitalization Dates Related to Current Services
 HCFA Form Box 18: To
 Lab Charges
 Outside Lab? ☐ Yes ☒ No
 Charges: \$ 0.00 Purchased Provider
 Special Program
 Code:
 Was an EPSDT Referral Given to the Patient?
 EPSDT Referral Code:
 Referring Provider
 Provider ID Type:
 Name: ID: Select Clr
 PWK Information OK Cancel

Entering Insurance Information

1. From the Claim window, select the *Insurances & Payment* tab.
2. Select the insurance and click *Update*:

ICD & CPT Insurances & Payment Additional Information Ready to Submit (F6) Set Status to HCFA (F7) Set Claim to Electronic (F8)

Bill To Patient Add Pt Insurance Add Update Remove

Bill To	Ins Id	Name	State	Subscriber No	Rel	Insured	Group No
P	2	Medicare		123123123	1	Denis, mark	

The Invoice – Insurance Detail window opens.

3. Select the Additional Information tab to enter the *Prior Authorization No*:

Invoice - Insurance Detail

Insurance Medicare Insurance Billing Info

Medicare
Paid, Ahmeadabad
Payer Id: 1111111 Medigap Id:
Insurance Id: 2

☒ Primary ☐ Secondary ☐ Tertiary

Source of Payment MB ANSI-Medicare Part B

Insurance Class for Reports

Claim Filing Indicator P Payment is being requested of this payer only.

Payer ID 1111111

Subscriber Additional Information Adjudication Info

Assignment of Benefits Y Yes, Benefits Assigned to Provider

PPO Identification

Payer Claim Office No

Prior Authorization No

Patient Signature Source B Signed Auth Form Block 12 & 13

PPO/IMO Indicator

Insurance Type MB ANSI-Medicare Part B

☐ KenPAC (Kentucky Patient Access And Care)

Service Authorization Exception Code No Exception Code

Subscriber Secondary Identification
ID Id Qualifier

Payer Secondary Identifier
ID Id Qualifier

OK Cancel

About the Claim CPT Details

- From the Claim window, select the CPT code and click *Update*:

CPT/HCPCS (1)

Add Update Remove

Fee Schedule: Master Fee Schedu

#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Pro Id
1	90728	11	1	04/19/2016	04/19/2016									1	0.00	
*																

The Claim CPT Detail window opens.

- Select the *Additional Information* tab to enter the *National Drug Code (NDC)*:

CPT Info

CPT Details

Procedure **Additional Information** Misc. Info

EPSDT Indicator CLIA ID No. Drug Unit Price 0.00
 Emergency Indicator Mammography Cert No. CAP Vendor Rx Order No.
 COB Indicator **National Drug Code (NDC)**
 Review By Code Indicator National Drug Units
 Hospice Employed Prov, Indicator ... Drug UOM UN

Provider ID's Purchased Provider

Provider	ID	Name		
Ordering Provider			...	x
Rendering Provider		Willis, Sam, Multi	...	x
Referring Provider			...	x
Supervising Provider			...	x

Additional Information that may assist in the Adjudication of the Service Line

Non-Specific Procedure (NOC) Codes Description

Test Results/Measurement ID: 72274 Charge: 0.00 CPT: 90728 Desc: BCG IMMUNIZATION

Entering Claim Follow-up Details

Use the claim's right chart panel to:

1. Assign claim for follow-up
2. Enter Notes
3. Verify Eligibility
4. View Additional Claim Data screen
5. View Logs
6. View Billing Logs

Follow up

Assigned To

Start Date

03/15/2017

Priority

Low

Status

Open

Claim Action

Recall After

Day(s)

Due Date

Result Codes

Notes

[BROWSE](#)

Insurance Eligibility

?

Not Verified

[CHECK](#)

Additional Claim Data

Logs

Billing Logs

Entering an Adjustment on a Claim

1. From the Claim window, click *Adjustments*:

The screenshot shows the 'Claim' window with a sidebar on the left containing 'Summary', 'Error', 'Claims Logs', and 'Suppressed Error'. The main area has a 'Billing Notes' section and a 'Patient Portion' table. The 'Adjustments' button at the bottom is highlighted with a red box.

Patient Portion		Total
Patient Responsibility	0.00	Charges 0.00
Payments	0.00	Payments/Adj 0.00
Balance	0.00	Balance 0.00

The Claim Adjustments window opens.

2. Click *Add*.

The Financial Adjustments window opens.

3. Enter the *Code* and *Amount* to write off, and click *Add*:

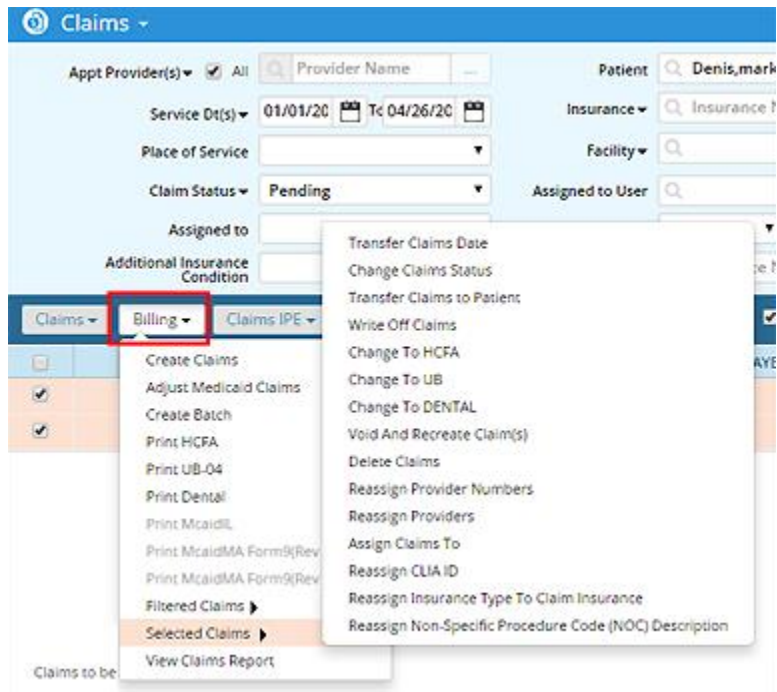
The screenshot shows the 'Claim Adjustments' window. A sub-window titled 'Financial Adjustments' is open, displaying a 'Date' field set to '04/26/2016' and two input fields for '*Code:' and '*Amount:'. The 'Add' button in the sub-window is highlighted with a red box.

4. (Optional) post the adjustment at the CPT* level.
5. Click *OK*.

* CPT copyright 2014 American Medical Association. All rights reserved.

Billing Button Overview

Path: Main menu > Billing icon > Claims



For example:

- Batch – Transfer Claims to Patient
- Batch – Split Claims
- Batch – Change Claim Status
- Batch – Write-Off Claims
- Batch – Voice and Recreate
- Batch – Delete Claims

Following up on Assigned Claims

To follow up on assigned claims:

1. From the T Jelly Bean, click on Claims to access the My Claims dashboard
2. Filter for claims by Assigned User
3. Double click to open claims

CLAIM#	SERVICE DATE	DUE DATE	PROVIDER	PATIENT NAME	PAYER	CLAIM STATUS	CHARGES	PMTS/ADJS	BALANCE	ASSIGNED TO
7613	09/12/2016		SW	Test, Liz M	Medicaid Traditional KY	Pending	67.88	47.88	20.00	eclinicalworks,support

Actions

Overview of the Actions feature

Action feature allows user to create and assign task to different staff members in the system. Actions can be created either from the patient Hub or by clicking on the 'T' alphabet on the top right corner of the screen.

Patient Hub (Test,Liz)

Labs

DI

Procedure

Imm/T.Inj

Referral

Allergies

Encounters

CDSS

CDSS

Rx Rx

Notes

Test Liz,M (51Y , F) INFO

1555 Test Blvd,Unit B, LEXINGTON,KY-40504
555-123-4567 | 555-987-6543 |
08/08/1965
Account No: **24635** |

Advanced Directive :
Insurance :
PCP : **Waddell, Cory**
Rendering Pr :

Billing
Patient Balance : **\$34.12**
Collection Balance : **\$0.00**
Account Balance : **\$102.00**
Collection Status :
Assigned to :

Billing Alert

Guarantor Balance

Account Inquiry

Billing Logs

Appointments
Last Appointment : **09/12/2016 08:45 AM**
Facility : **098098.519:Pike Coun**
Next Appointment :
Facility :
Bumped Appt: **NONE** Case Manager Hx:

New Appointment

Structured Data
Veteran
Homeless
Limited English Proficiency
County of Residence
Medicaid Eligibility
Medicaid Presumptive Eligibility Date

0
Labs

0
DI

0
Referrals

0
Actions

0
Tel Enc

0
Web Enc

0
Docs

0
P2P

Progress Notes

Patient Docs

Action

New Tel Enc

Medical Summary

Devices

New Action

View Action

Medical Record

Consult Notes

Print Message

Problem List

Flowsheets

Print Labels

eClniForms >>

PHM Hub

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Business Analysis Department – Created for Kentucky Department of Public Health

▪ 61

Action Type	Count
Telephone Encounter	0
Web Encounter	0
Accounts	0
Claims	1
Action	0
P2P Patient Records	0
eEHX Clinical Notification	
New Telephone Encounter	
New Action	
Send P2P Patient Record	
Send P2P Referral/Consult	

CHARGES: 67.88

ASSIGNED TO: eclinicalworks,support

Actions thus created can be assigned to a respective staff member with a message and certain attachments, set a respective status code and can also be made to recur repeatedly over a period of time, if required.

Review Actions

Provider: All, Facility: All, Patient: All, Subject:

Assign To: eclinicalworks,support, Action Type: All

Filter

PATIENT NAME	DUE DATE	STATUS	ASSIGNED TO	ACTION TYPE	SUBJECT	CREATED BY	START DATE	FACILITY
Test, Liz M	10/06/2016 12:00 AM	In Progress	eclinicalworks, support	Claim Query	Write Off	eclinicalworks,support	10/06/2016	Pike County Health Dept

No. of Result: 1, Total Counts: 1, Prev, Page 1 of 1, Next

Actions

Tab: Action | Attachments | Structured Data

Name* Test, Liz M [Info] [Hub]

Action Type Claim Query [...]

Subject* Write Off [...]

Created By eclinicalworks, support

Creation Date 10/06/2016 15:26:15

Assigned To* eclinicalworks, support [star] [share]

Facility Pike County Health Dept

Start Date 10/06/2016 [calendar]

Due Date* 10/06/2016 [calendar]

Status* In Progress

Priority* Normal

Notes [clock] [more]

Recurrent Action

☐ Recurrent Action ☐ Use existing attachments for recurrent action

Last Due* 10/06/2016 [calendar] 00:00:00 [help]

Last Done* 10/06/2016 [calendar] 00:00:00 [help]

Recurrent Pattern

Frequency* 0

☐ Hour(s) ☒ Day(s) ☐ Week(s)

☐ Month(s) ☐ Year(s)

Range of Recurrence

☒ No End Date

☐ End After 0 Occurrences

☐ End by 10/06/2016 [calendar]

1D	2D	3D	1W
2W	3W	4W	5W
2M	3M	4M	6M

Merge Template [dropdown]

[OK] [Cancel]

Working with assigned Actions

To open the Actions assigned to you:

1. Click the letter "T" on the Jellybean section.
5. Select the desired action
6. Review the information on the action and take necessary action
7. Document action taken under the Notes section
8. Reassign or address the Action.

SE eClinicalWorks 10e

N 0 S 0 D 21 R 0 T 2 L 2 M 1

Review Actions

Provider: All Facility: All Patient: All Action Type: All

PATIENT NAME	DUE DATE	STATUS	ASSIGNED TO	ACTION TYPE	SUBJECT	CREAT
Test, Liz M	10/06/2016 12:00 AM	In Progress	eclinicalworks, support	Claim Query	Write Off	eclin

Telephone Encounter
Web Encounter
ACCOUNTS
Claims
Action
P2P Patient Records
eBRX Clinical Notification
New Telephone Encounter
New Action
Send P2P Patient Record
Send P2P Referral/Consult

SE eClinicalWorks 10e

Actions

Review Actions

Provider: All Facility: All Patient: All Action Type: All

Name: Test, Liz M Action Type: Claim Query Subject: Write Off Created By: eclinicalworks, support Creation Date: 10/06/2016 15:26:15 Assigned To: eclinicalworks, support Facility: Pike County Health Dept Start Date: 10/06/2016 Due Date: 10/06/2016 Status: In Progress Priority: Normal

Notes

Recurrent Action

☐ Recurrent Action ☐ Use existing attachments for recurrent action

Last Due: 10/06/2016 00:00:00 Last Done: 10/06/2016 00:00:00

Recurrent Pattern

Frequency: 0

☐ Hour(s) ☒ Day(s) ☐ Week(s)
☐ Month(s) ☐ Year(s)

Range of Recurrence

☒ No End Date
☐ End After 0 Occurrences
☐ End by 10/06/2016

1D 2D 3D 1W
2W 3W 4W 5W
2M 3M 4M 6M

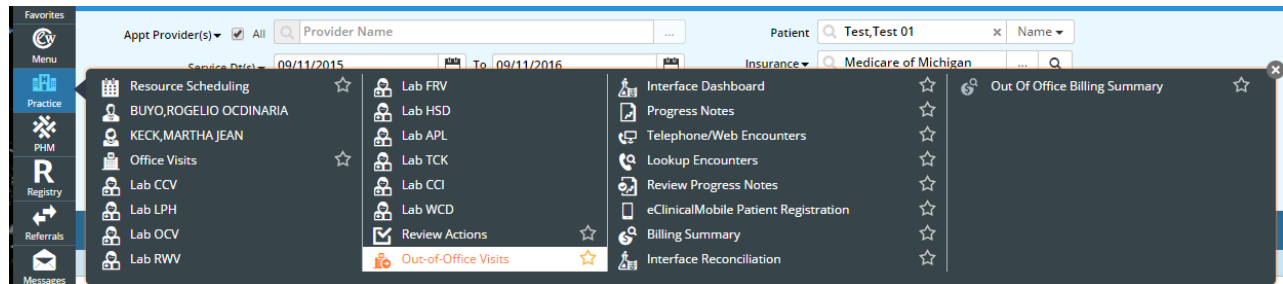
Merge Template OK Cancel

No. of Result Page 1 of 1 Next

Other Billing Workflows

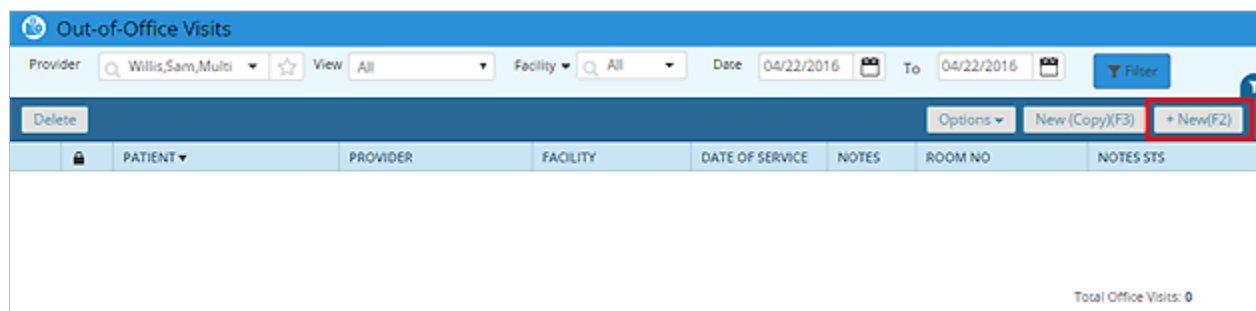
Out-of-Office Visits

Path: Main menu > Practice icon > Out-of-Office Visits



To enter charges and create claims for out-of-office visits:

- From the Out-of-Office Visits window, click *New*. The Out of Office Encounter window opens.



- Select a patient, provider, facility, place of service, service date, admission, and discharge dates.
- Add ICD and CPT* codes, and associated start dates, end dates, and number of units.
- Map the CPT codes with the corresponding ICD codes, and add modifiers, if necessary.
- Enter any additional information by clicking *Claim Data* at the bottom of the window.

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Other Billing Workflows

Out Of Office Encounter

Test_Test 01 90 Yrs, female 8/1/01/1926 1500 Claims, Test New Test LA-70001 gloria.melendez@eclinicalworks.com Hub Info Yes

Provider: Willis, Sam Facility: LPH Erickson Health Me- Service Date: 09/11/2016 Transferred care Done
 Resource: Willis, Sam POS: 11_OFFICE Room No. 0 Admission Dates: 09/11/2016 Discharge Date: 09/11/2016

ICD Codes [F9] Auto map to ICD10 Prev Ds Add

P	Code	Name	Specify	Risk	OnSetDate	Notes
1	E10.21	Type 1 diabetes mellitus with nephropathy				

CPT/HCPCS Codes [F10] Add

CODE	DESCRIPTION	UNITS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	START DATE	END DATE
99213	Office Visit, Est Pt., Level 3	1								09/11/2016	09/11/2016

View Claim **Claim Data** Options Lock Save & New Save & Copy OK Cancel

Claim Data for the Current Visit

Claim Data for MVA/Workers Comp Visits

Is Patient Condition Related To Employment? (Current or Previous) Yes No

Accident? Auto Non-Auto No

Pace (Date) External Cause of Accident

Accident Head Responsibility Indicator

Dates Patient Unable to Work in Current Occupation

HCIA Form Box 18 To

Hospitalization Dates Related to Current Services

HCIA Form Box 18 To

Symptom

Accident/Symptom Date

Similar Symptom

Similar Symptom Date

OK Cancel

11. Click *Lock* to ensure a claim is created that evening by way of the PM task.

12. Click *OK* to save and close, *Save & New* to save and open a new blank encounter, or *Save & Copy* to save and create a duplicate.

Claim Creation from Claims Screen, No Encounter

1. From the Claims screen, click on the Claim drop down and select Create New Claim.
2. Select Patient and click OK.

The screenshot shows the 'Claims' screen in eClinicalWorks 10e. The 'Claims' dropdown menu is open, displaying several options. The 'Create New Claim' option is highlighted in orange. The background interface includes search filters for Provider, Patient, Insurance, Facility, and Service Date, along with a table of claims with columns like CLAIM #, SERVICE DATE, PVID, PATIENT, PAYER, STATUS, CHARGES, FMTS/ADJS, ADJUSTMENT WITH/HOLD, and BALANCE.

3. In the Create Claim screen, enter Provider and Resource, Facility, and Service Date. Click OK.

The 'Create Claim' dialog box is shown with the following details:

- Provider:** Willis, Sam, Multi
- Resource:** Willis, Sam, Multi
- Facility:** 098098.001:Pike County He
- Service Date:** 10/06/2016
- Patient:** Test, Liz M
- POS:** 11
- Select Claim Type:**
 - ☒ Professional (HCFA)
 - ☐ Institutional (UB)
 - ☐ Dental
 - ☐ Anesthesia Claim (HCFA)
- Buttons:** OK, Cancel

4. Enter CPT codes, diagnosis codes – **See Overview of Claim section for details**

Claim (Practice: PIKE COUNTY, Site ID:)

Test, Liz M 51Y, Female | 08/08/1965 | 555-123-4567 | No | Acc #: 24635

Claim No: 7619 | Appt Facility: 098098.001:Pike Count | POS: 11 | Billing: Willis, Sam,Multi

Service Date: 10/06/2016 | Servicing Provider: Willis, Sam,Multi | Rendering: Willis, Sam,Multi

Claim Date: 10/06/2016 | Resource: Willis, Sam,Multi | Supervisor: Willis, Sam,Multi

Copay: 0.00 | Pt. Uncoverd Amt: 0.00 | Claim Status: Pending

Ready to Submit (F6) Set Status to HCFA (F7) Set Claim to Electronic (F8)

ICD & CPT | Insurances & Payment | Additional Information

ICD Codes (1) ☒ Map to ICD10

#	Code	Name
1	A42.1	Abdominal actinomycosis

Insurances

Name
Medicaid Traditional KY

Labs/Diagnostic Imaging/Imm

#	IH/SO	Type	Name
---	-------	------	------

CPT/HCPCS (0)

Fee Schedule: 10-Current(04/01/2)

#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Pro Id
*	MEDRC	11	1	10/6/2016	10/6/2016					1						

Summary | **Billing Notes**

Patient Portion

		Total
Patient Responsibility	0.00	Charges 0.00
Payments	0.00	Payments/Adj 0.00
Balance	0.00	Balance 0.00

- On the Insurance & Payments tab, select the responsible party (Insurance or patient)
- Change Claim status for submission using (F6) for Insurance claims or selecting "Patient" from the drop down for patient claims.

Billing for Contracted Provider

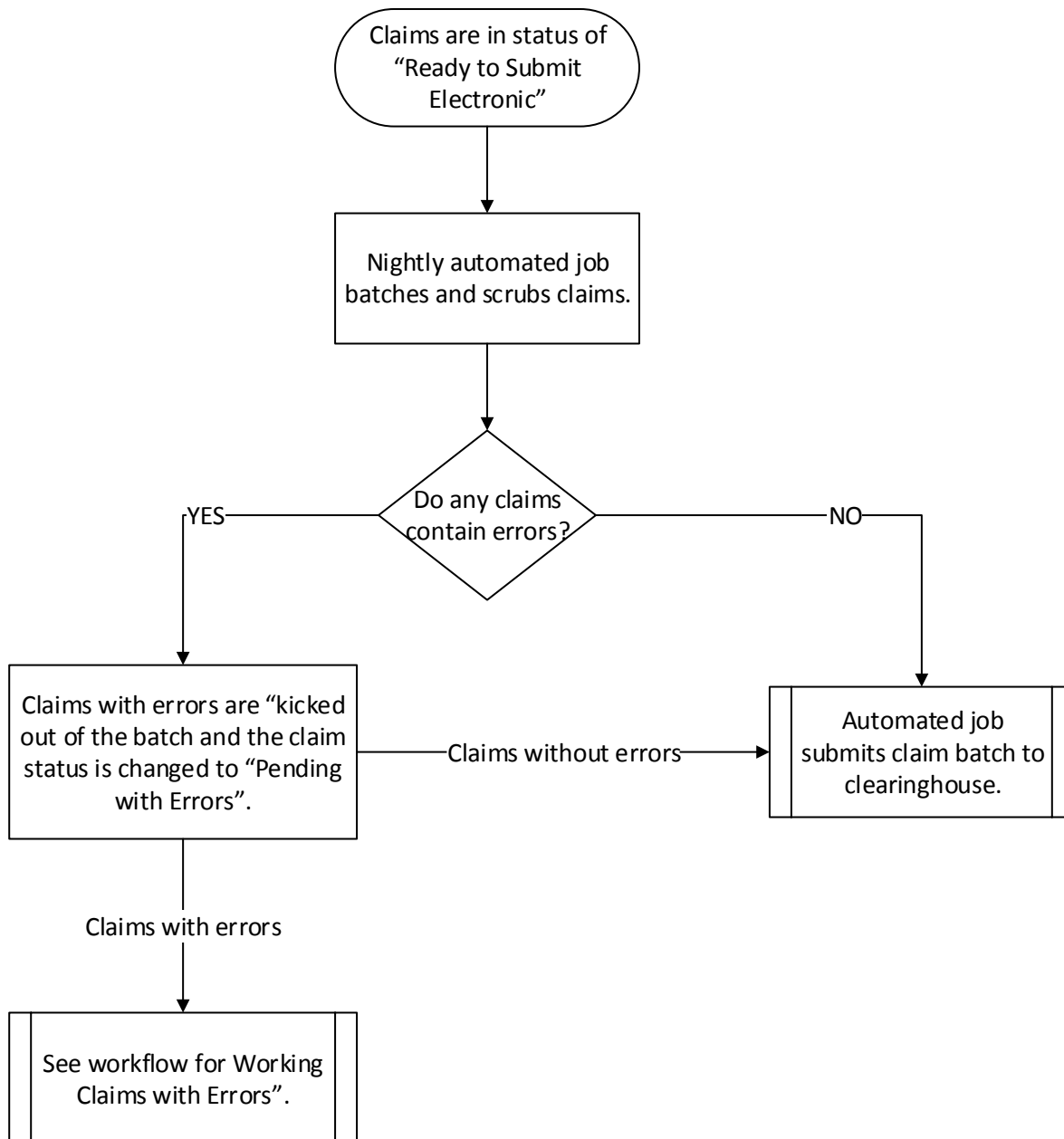
1. A patient is referred to a Contracted Provider for services not available at the LHD.
2. Contracted Provider sees patient and sends CMS HCFA 1500 for to LHD.
3. From the Claims screen, create a claim following the "Claim Creation from Claims Screen – No Encounter" or "Out of Office" workflow.
4. Enter the Contracted Provider 10, 20, or 30 as the claim's Rendering Provider. Select the county as the Facility
5. Click on the Insurance and Payments tab, and change the claim insurance to "Contracted Provider".
6. Enter CPT codes and diagnosis codes. Change billed fee to appropriate amount.
7. Click on the "Data" button and select the actual rendering provider (non LHD provider) from the Referring Provider list. If contracted provider has multiple contracts, add contract number in the ID field. Click OK.
8. Change the Claim Status to "Contracted Provider".
9. Click "OK" to save and close the claim.
10. Cut check to Contracted Provider and adjust claim using adjustment code = Paid Contract Provider.

Contracted Service P8

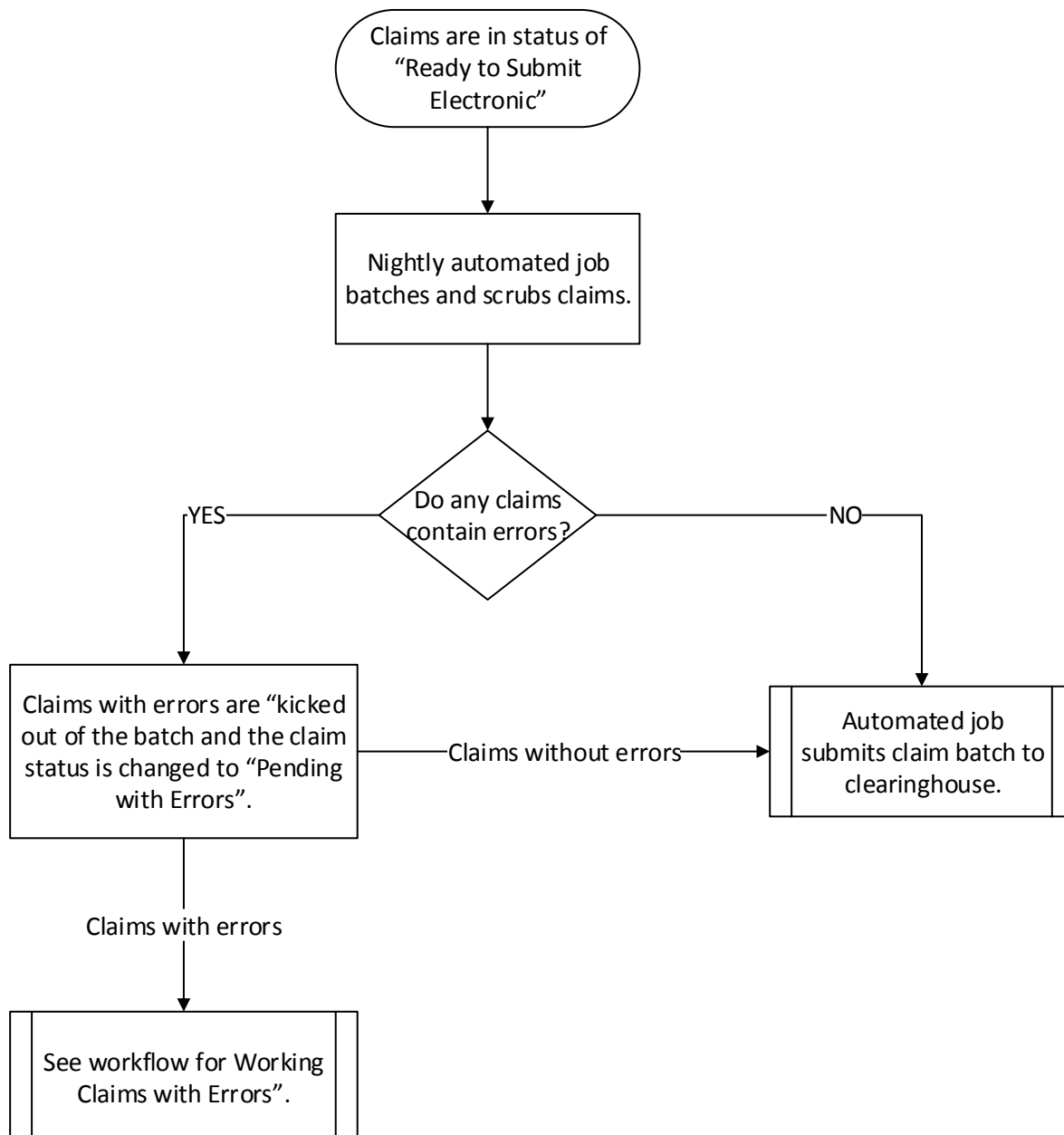
1. LHD is contracted to provide services for an employer.
2. If patient appointment is scheduled, the claim will be created automatically locked progress note following. Or create a claim without and appointment/encounter following the "Claim Creation from Claims Screen – No Encounter" or "Out of Office" workflow.
3. Choose the employer from the insurance plan list. This insurance will be in Insurance Group P8. If scheduling appointment, change insurance using the Case Manager workflow.
4. Change billed fee as needed.
5. Create invoice for the Contracted Service following the Payor Invoice workflow.

BILLING WORKFLOW DIAGRAMS

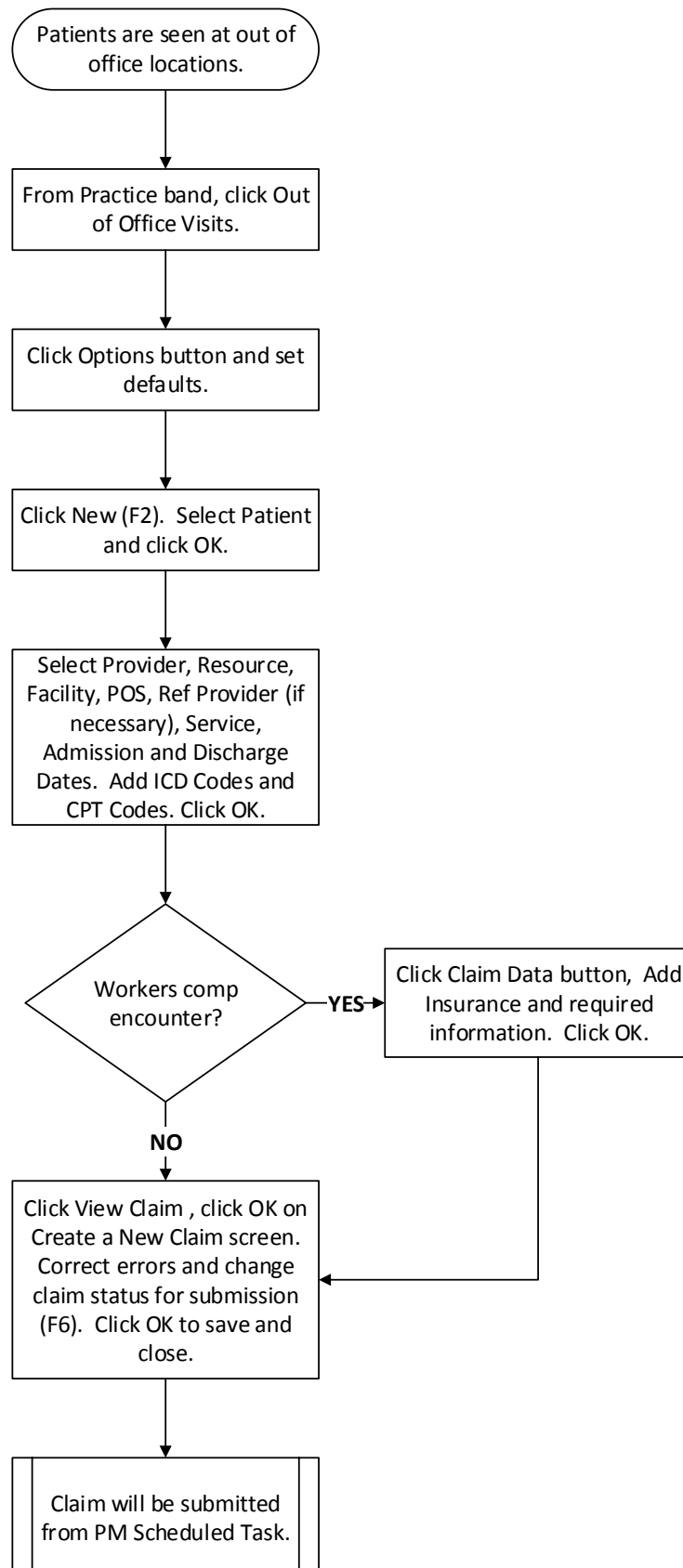
Automated Claim Submission – PM Scheduled Job



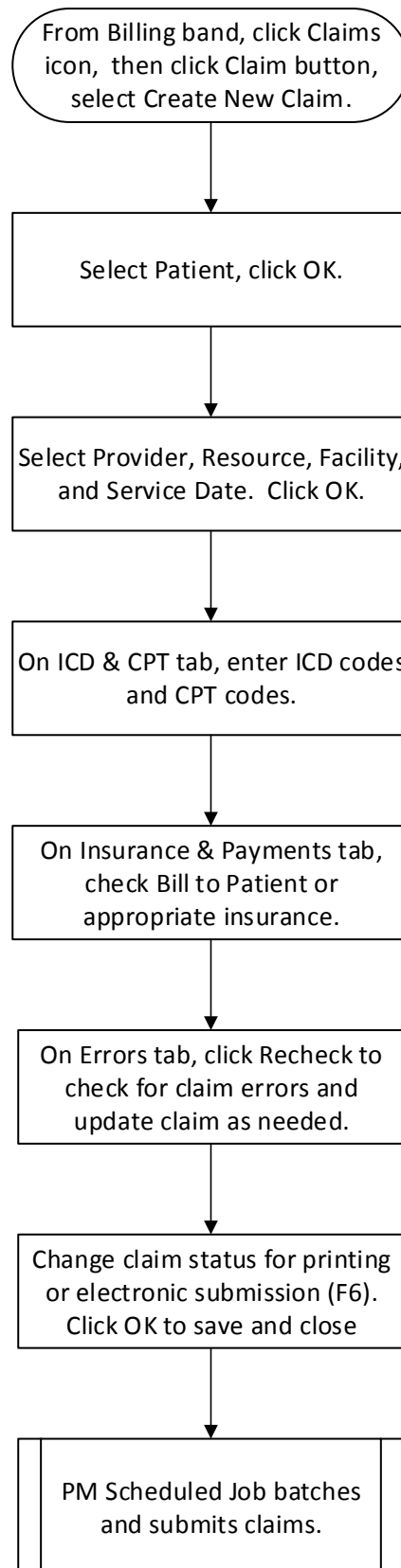
Automated Claim Submission – PM Scheduled Job



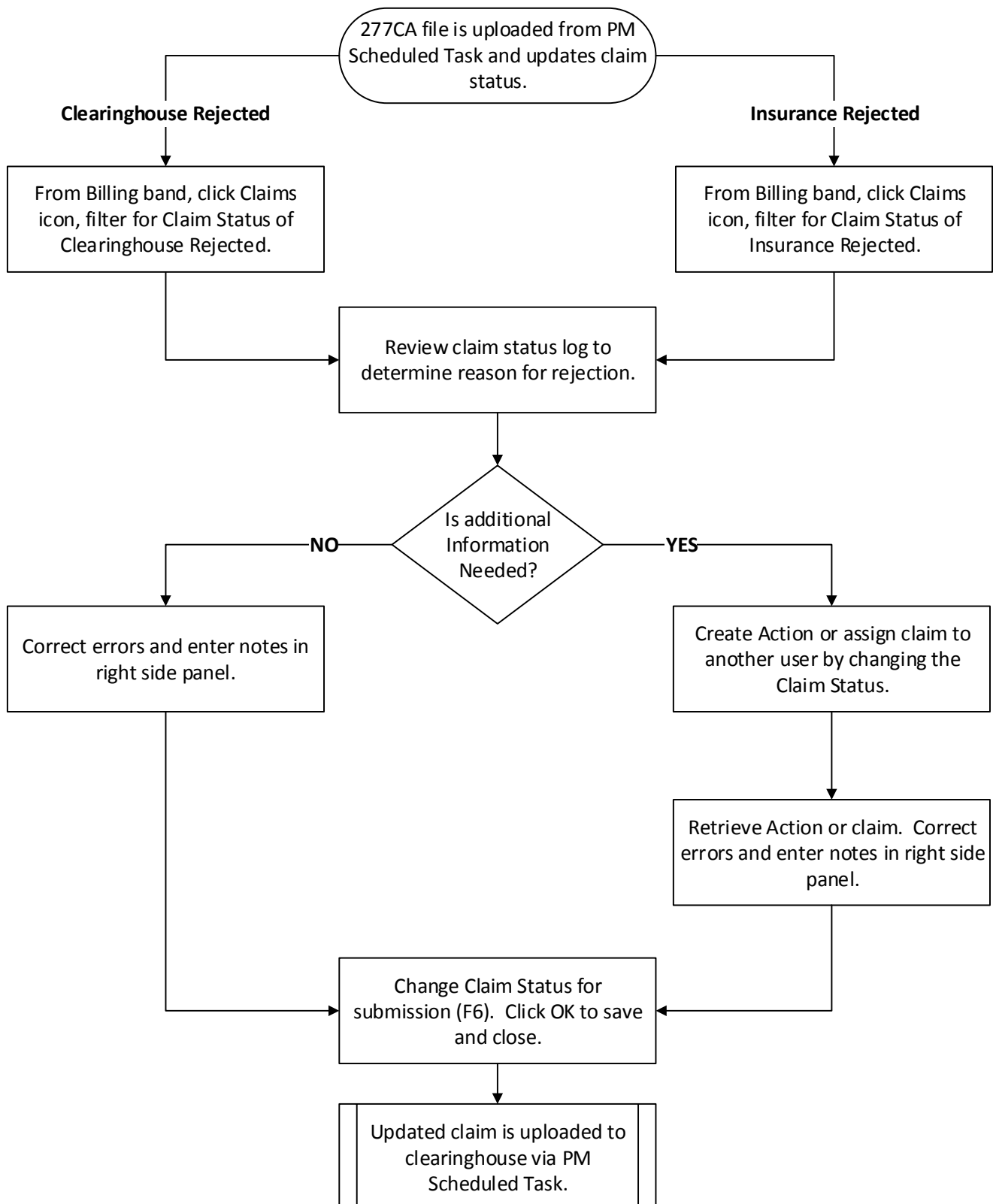
Claim Creation – Out of Office Visit



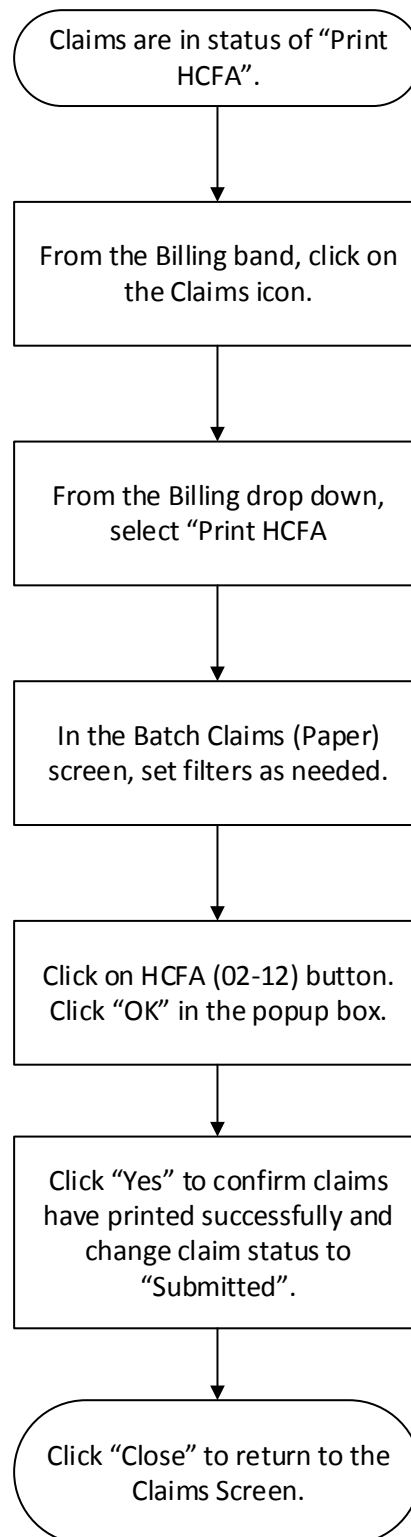
Claim Creation from Claims Screen, No encounter



Clearinghouse Reports Workflow

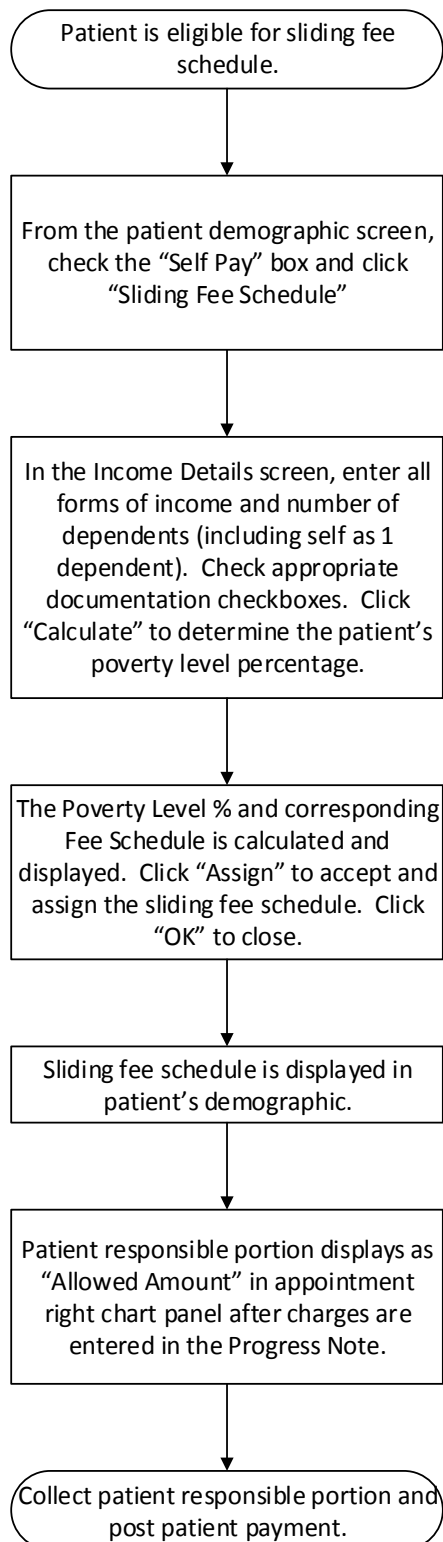


Creating and Printing Paper Claim (CMS 1500) Batches

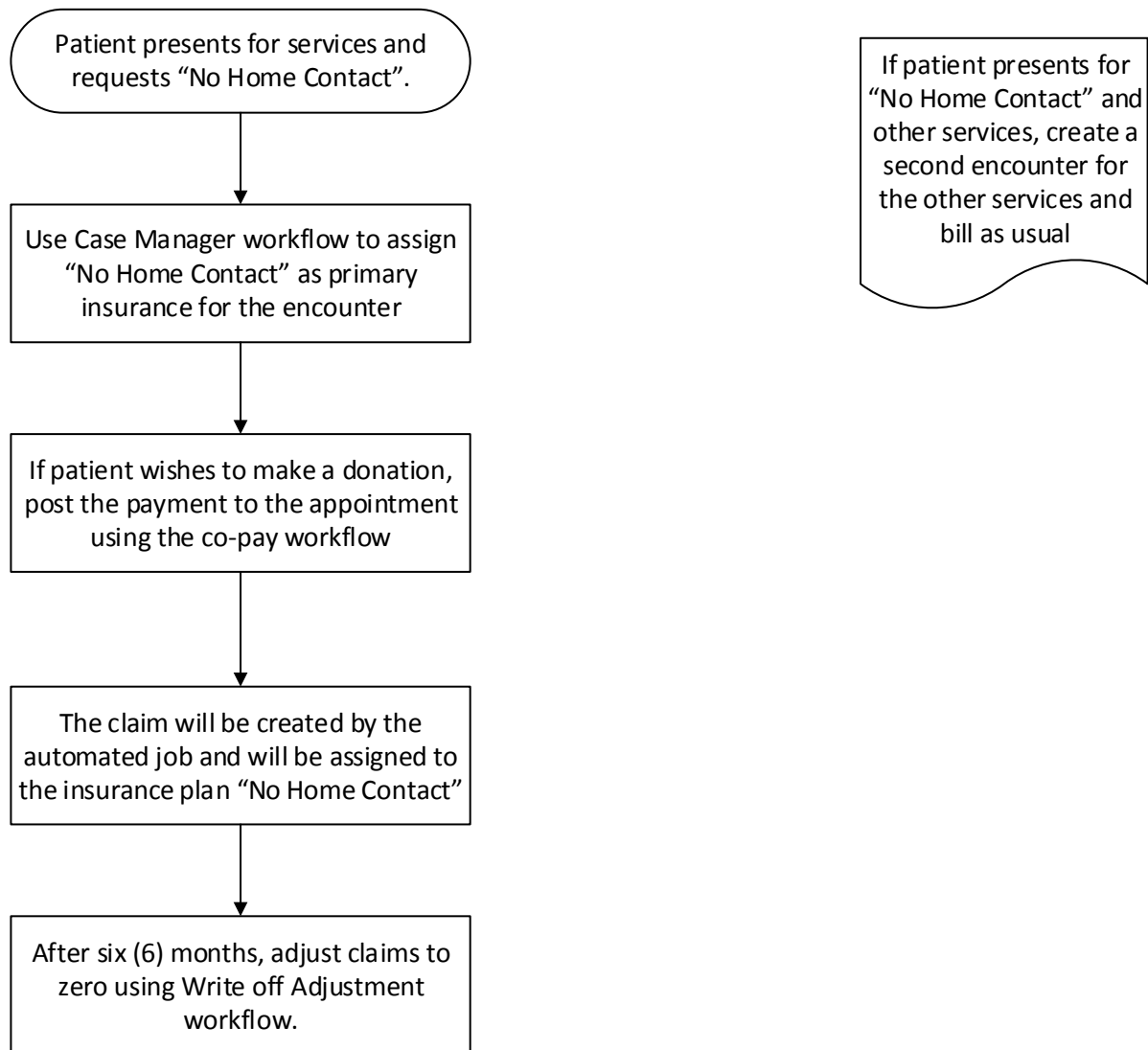


Special Billing Workflows

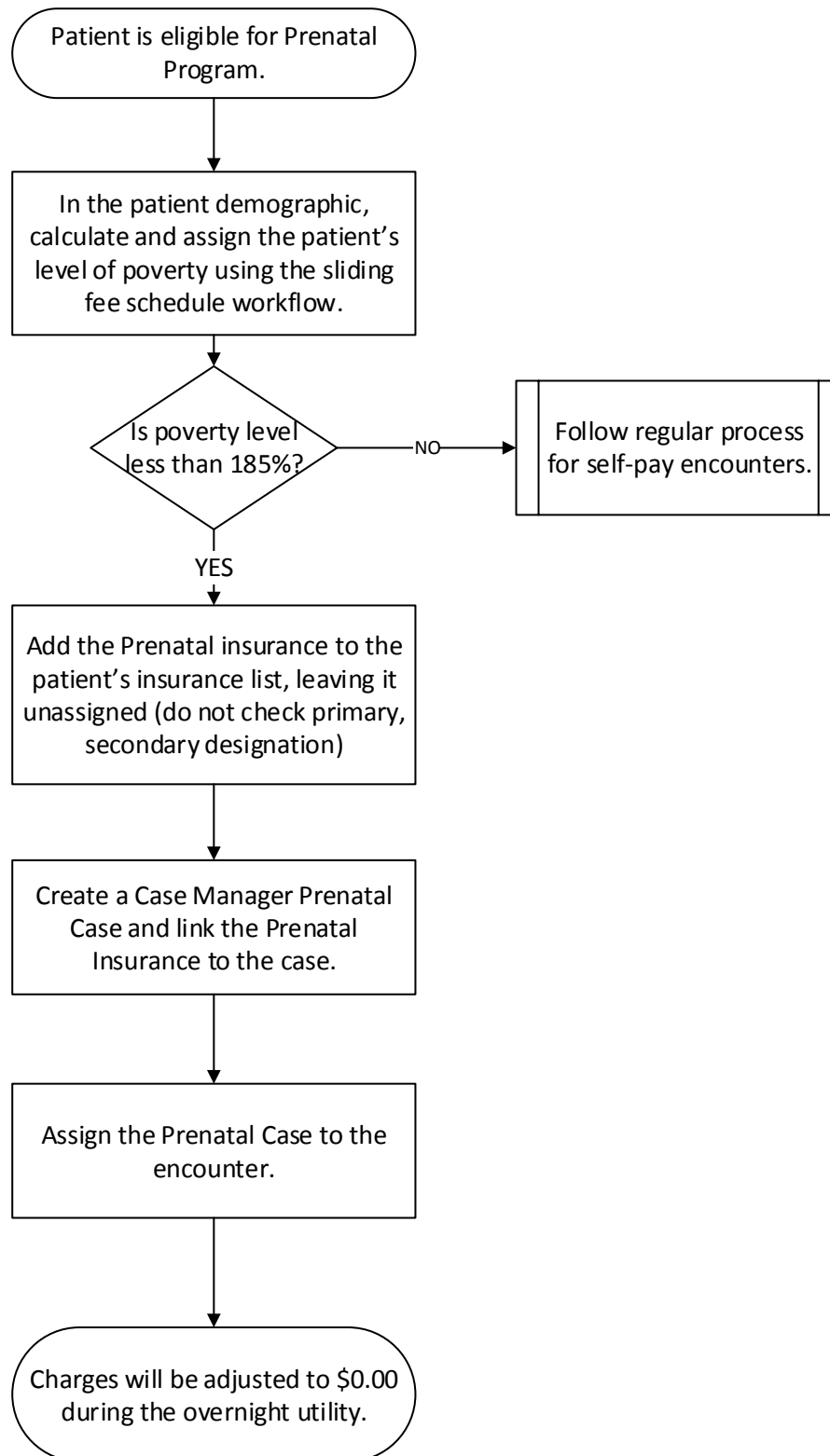
Sliding Fee Schedule



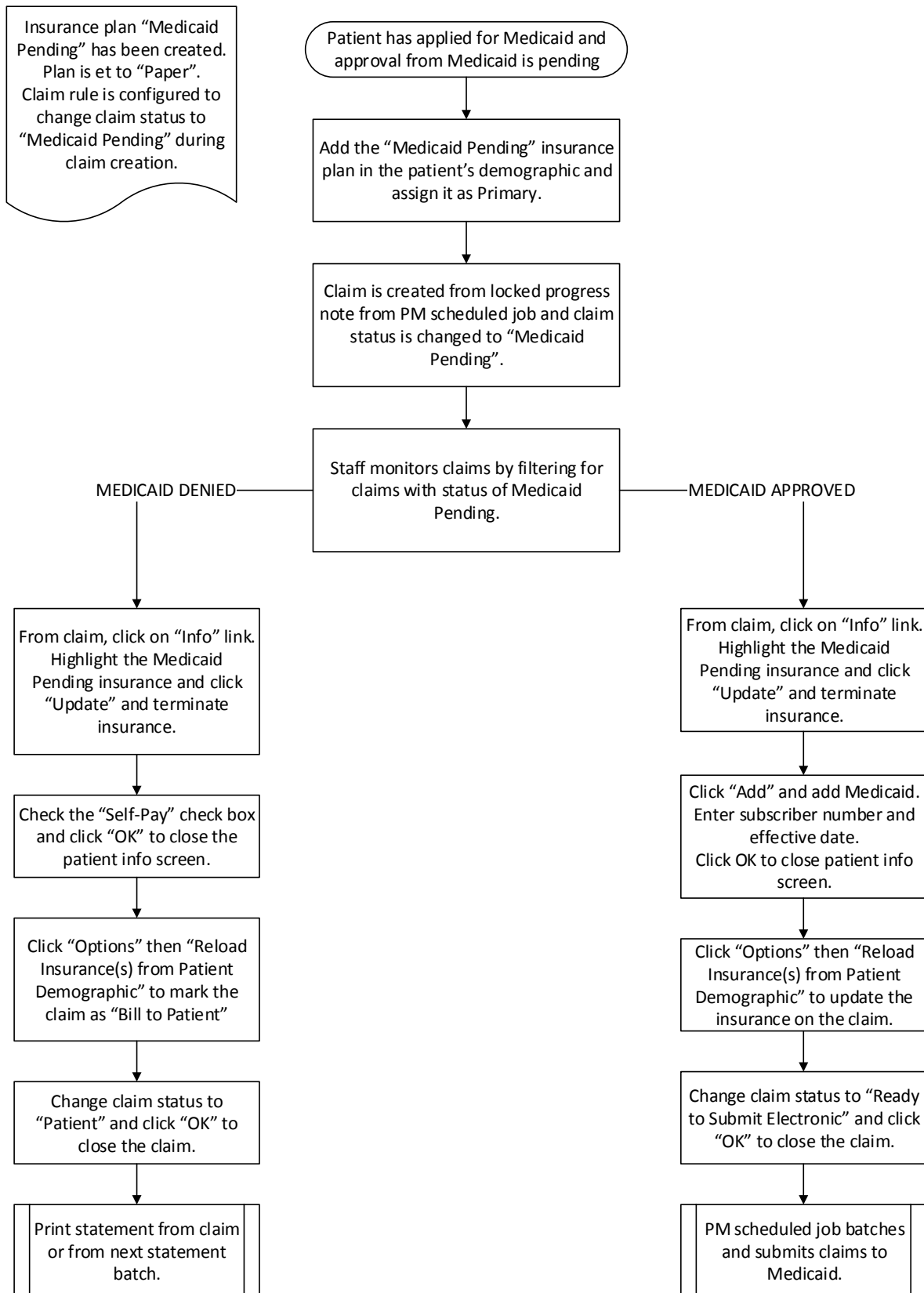
Billing for “No Home Contact”



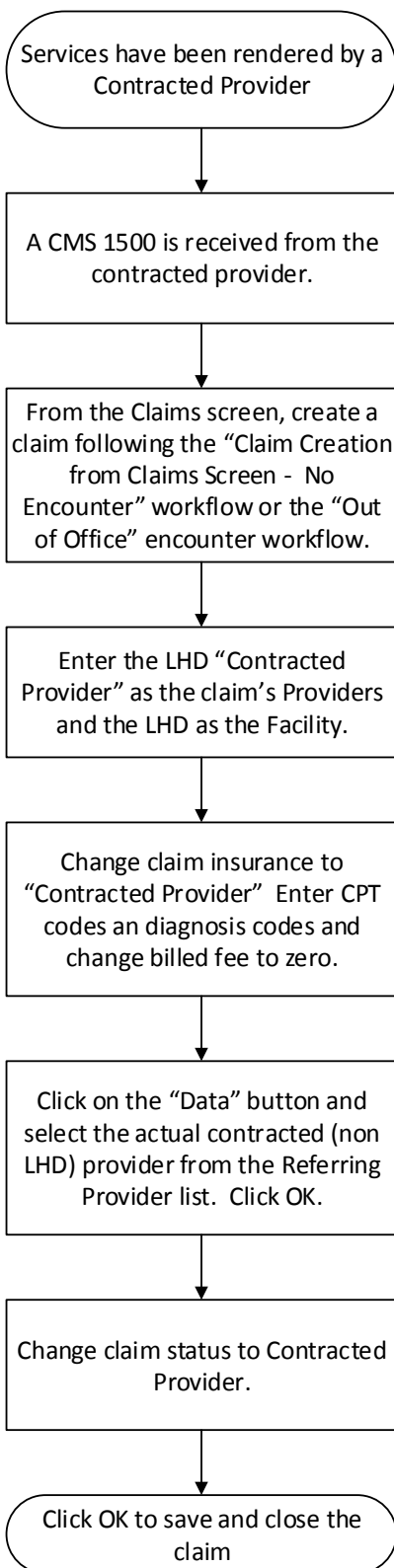
Billing for Prenatal Program



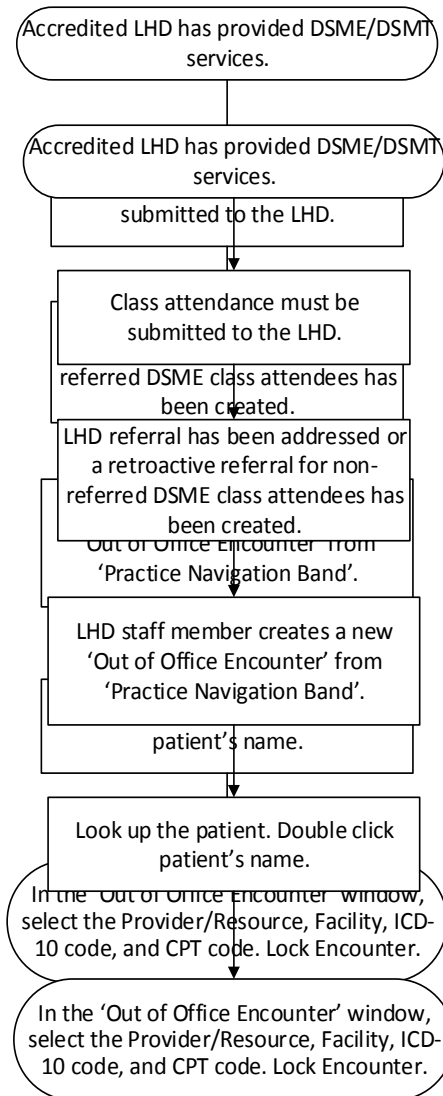
Applied/Pending Medicaid



Billing for Contracted Services



Billing for DSME



APPENDIX A: NOTICES

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